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A PSYCHOSOCIAL STUDY OF THE CAREER DEVELOPMENT OF SELECTED NURSES WITH EARNED DOCTORAL DEGREES

by

© JENNIECE BERYL LARSEN

A THESIS
SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
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Date November 2, 1983

DEDICATION

To the nurses who participated in this study and to Mawney and Christopher who are as pleased as their mother that the end is near and to Donna and Jennie who knew the end was possible.

ABSTRACT

The purpose of the study was to describe the career development of a selected population of female nurses with earned doctoral degrees who are currently working in Canada. Theories of career development suggest that career implementation is a developmental process with an individual's work-related behavior and attitudes being shaped over time. However the theories of career development usually focus on male careers and tend to describe career development in isolation from the other aspects of the individual's life. Since the career development of most women is affected by their potential roles of wives and mothers, this research project attempts to study career development within the context of other significant aspects of the nurses' lives.

The conceptual framework used in the present study is derived from Daniel Levinson's theory of adult development. Levinson's theory postulates that adult lives progress through alternating periods of stability and change and that the primary components of adult lives are the choices the individual makes concerning occupation, marriage and family, religion and ethnicity, and friendships. At any given time one or more of these componets will have a central place in the individual's life structure. While the focus of this study was on the developmental task of forming and modifying a career, Levinson's theory underscores the necessity of describing this process within the context of the other significant aspects of the individual's life. Since Levinson's theory used only male subjects the research sought to understand whether the theoretical framework presented by Levinson is a useful way to describe the career process of highly educated women.

The study was developed around five broad research questions: (1) How have the major components of the life structure of nurse-docturates been formed and modified during early and middle adulthood?; (2) How have nurse-doctorates formed and modified their occupations during early and middle adulthood?; (3) How have nurse-doctorates formed and modified their Dreams during early and middle adulthood?; (4) How have nurse-doctorates formed mentoring relationships in their careers?; and (5) Does the life structure of nurse-doctorates progress through a series of alternating periods of change and stability during early and middle adulthood?

The study was designed as descriptive research using a self report methodology. The study was also exploratory in that there is little existing information with the career development of highly educated nurses or the adult development of women. In order to answer the research questions, detailed and highly individualized career and personal information was required. The research plan was to gather these data from a selected sample of 10 nurses between the ages of 33-50 currently working in Canada who hold earned doctoral degrees. All of the subjects are professors in faculties of nursing in Canadian universities.

The data was collected using a combination of open ended interview and questionnaire approaches. The open ended interviews which lasted 3 to 5 hours, allowed the researcher to identify changes in the major components of the subjects' life structure over a period of time from when the subjects left high school until the age at the time of interview. The interviews were conducted in a manner which encouraged the subjects to tell the study of their lives focusing on the major events of their careers and personal life histories. The interviews were tape recorded and then transcribed. The purpose of the questionnaire was to ensure accuracy in terms of personal, education and employment history.

The data analysis was descriptive in nature. In the initial phase of the data analysis the events and the meaning of the events in the lives of the subjects were organized and coded. The life structure of each subject was compared and contrasted year by year, resulting in an initial identification of differing periods of adult development. The second phase of the data analysis involved constructing a biography for each subject. The biographies of the subjects were then analyzed for common themes. Similarities and differences in the life structures of the subjects were identified in the adult lives of the subjects.

The major findings of the study included:

1. The life structure of the nurses progressed through alternating periods of stablity and change.

2. These periods of change and stability were qualitatively different and seemingly age linked.

3. During periods of change the nurses rearranged and/or changed the major components of their life structure.

4. Periods of change lasted four to five years; periods of stability lasted six to seven years.

5. The Age 30 Transition was a time of fundamental restructuring of the components of the nurses' life structures. This was often a stressful time for the nurses.

6. A special developmental time occurred for the nurses during the mid to later thirties. The focus of this period of time was on Unfinished Business.

7. The primary components of the nurses' life structures were: career activities (both work and education), female friendships, marriage/initimate male relationships, children, family relationships and religion.

8. The concept of the Dream was not found to be useful in understanding the career development process of the nurses.

9. Mentoring relationships were not a common experience, whereas supportive female friends and colleagues were an ongoing aspect of the nurses' lives.

The main conclusions were that for the nurses of this study the process of forming a career is a complex, highly individualized, and changing series of external and internal psychosocial transitions which extend over the years of early and middle adulthood. For the nurses of this study their career is a prominent, meaningful and essential component of their adult lives. Work on the developmental task of forming and modifying a career both mirrors and facilitates growth and development as adults.

In addition, revisions to Levinson's theory of adult development which reflect the unique character of adult development for the women of this study are outlined. Six female adult developmental periods are described.

1. Age 20 Transition which begins in late adolescence as the young woman is preparing to leave high school. This is a time of change as the young woman begins to separate herself from the family and makes an occupational choice. The Age 20 Transition is ending in the early twenties.

2. First Life Structure begins in the early twenties and will last until the late twenties. The young woman is forming her first adult life structure which has elements of both change and stability. She seeks increasing independence and explores alternatives in terms of lifestyle, work, friends, marriage and religion.

3. Age 30 Transition, a time of significant change in the life of the woman, usually begins in the late twenties and is marked by inner feelings of discontent with some part of her life. This is a time of fundamental changes in both the woman's career and in her personal life. The Age 30 Transition is often stressful.

4. Second Life Structure begins in the early thirties and lasts until the late thirties or early forties. This period of time is much quieter and calmer, with the woman pursuing career goals and/or family needs. In the middle to later thirties a special time of Unfinished Business occurs. The woman experiences increasing need for autonomy and independence.

5. Age 40 Transition begins in the late thirties or early forties and lasts until the mid forties. The woman is concerned with appraising her past decisions and making new choices; and

6. Third Life Structure begins in the mid to later forties and is a time of stability in both her career and personal life.

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CHAPTER I

OVERVIEW OF THE STUDY

Background to the Problem

In recent years career development has been the subject of considerable research interest by investigators from a variety of disciplines. Several different perspectives have been taken in the study of career development including psychological (Super, 1963), sociological (Ginzberg, 1966), and social psychological (Schein, 1977). These varied perspectives have involved a number of ways of conceptualizing and measuring career development, and have resulted in several generally accepted theories about career development, at least as they apply to western industrialized societies. What all of these theories seem to share is a common assumption that career development is somehow systematic; however the descriptions and timing of the various stages of career development, the personality constructs emphasized, and the relative importance of various sociological variables, such as social class, race, and education, tend to vary.

As a result of an extensive review of the literature concerning career development, Osipow (1975:2) noted that three broadly based conclusions were justified. First, career implementation is a developmental process. An individual's work-related behavior and attitudes seem to be shaped over time. A second conclusion was that for many individuals the choice of work and success in implementing a career involve some threat of failure. Finally, for many individuals work success is closely related to self-esteem. How one defines oneself is often a function of success in a work role.

From the perspective of the writer two further conclusions seem warranted and of significance to this research project. With few exceptions the present theories of career development provide an understanding of the career development of a middle class, probably white North American male. There has been a tendency to design and conduct research in the field of career development focused on the interests and achievements of men and generalize the findings to women. If the sex composition of the research population included women, their career characteristics were frequently evaluated in terms of their degree of deviance from male models. Two notable exceptions were the recent works of Kanter (1977) and Hennig and Jardim (1977) whose research suggest the findings concerning career development should only be generalized to people in similar structural situations or to people who have experienced similar patterns of socialization.

The second conclusion is that the theories of career development have tended to study career and other work related behavior in isolation from the other aspects of the individual's life, resulting in theories of limited usefulness in understanding the career behavior of most women. The occupational role has traditionally played a more dominant part in the lives of men than in those of women. From an early age men are socialized to feel they will devote the greater part of their lives to a career; consequently, career development becomes a critical aspect of their lives. Few studies consider the other roles men play, for example, father or husband, as seriously affecting their career development. As a result, the career behavior of men tends to be somewhat straightforward at least in comparison to that of most women. The career behavior of most women has been greatly affected by their potential roles of wife and mother. Women have been socialized to prepare for marriage and motherhood rather than for a full-time career. Women are encouraged to make career decisions that could adapt to their family obligations. Consequently women's careers have tended to be truncated, interrupted, increasingly individualized in nature, so perhaps it is more difficult to theorize about their careers than those of men.

In general, research concerning the career development of women is still in its beginning stages. This research is perhaps an outgrowth of the women's movement of the late 1960's and 1970's, the rising number of women in the labor force, and the tendency for some women to elect increasingly diverse career options. The research concerning women's careers has tended to focus on the social and employment factors mitigating against women seeking or achieving career opportunities from a wider range of occupational fields. One fact that emerges from reviewing the literature is that while the female labor force has changed dramatically in composition and volume in recent years, some characteristics of women's work participation remain amazingly resistant to change: their concentration in sex-typed jobs, their disproportionate share of low-ranking positions, and their relatively low earnings compared to men of similar training and experience.

Occupational data in both Canada and the United States indicates that the majority of women opting for a professional career confine their career choices to those within the realm considered appropriate for their sex, namely teaching, nursing, library science, and social work. The greatest emphasis in recently published literature has concerned the career development of women professionals in the traditionally male dominated fields of law, medicine, engineering, science, academia, and management. This writer has not located any recent studies which examine the career development of female professionals within traditionally female fields.

With approximately 98 percent of its membership female, nursing is the most female dominated of the traditionally feminine professions. In Canada the vast majority of nurses have graduated with a nursing diploma from a two or three-year nursing program located in a hospital or community college. These nurses provide direct patient care in a multitude of diverse organizational settings (for example, acute care hospitals, public schools, nursing homes, private offices, community health centers, and industrial plants, to mention but a few). Only in schools or faculties of nursing do most nurses have baccalaureate or higher degrees either in nursing or in related disciplines. An examination of recent nursing manpower statistics reveals that of Canada's 200,000 practicing nurses, approximately eight percent hold baccalaureate degrees in nursing and less than 1,100 nurses hold master's or higher degrees.

As a part of the Kellogg National Seminar on Doctoral Education for Canadian Nurses, Larsen and Stinson (1980) identified 81 nurses currently living and working in Canada who hold an earned doctorate. Seventy-three percent of the identified nurse-doctorate population received their degrees since 1970, with the first doctorate earned by a Canadian nurse (in the identified population) being granted in 1960, in the field of nursing education from Columbia University. These nurses were employed primarily in nursing and other health related fields with over 70 percent working as members of university faculties of nursing. The majority of the nurse-doctorates earned their doctorate in the field of education, primarily in educational psychology and educational administration. Nurse-doctorates often have accepted senior administrative positions in their work setting. Additionally they assume major responsibilities for leadership within the nursing profession across Canada.

The supply of nurses with earned doctorates in Canada has lagged considerably behind the supply of professionals with doctorates in other disciplines in this country. For example, Statistics Canada's (1979) recent analysis of Canadian higher education shows that of doctorally prepared full-time university teachers, nursing has the smallest proportion of faculty members in the various fields holding doctoral degrees (for example, 5.4 percent in 1977 for nursing compared to 44.5 percent for household economics and 28.4 percent for library science). The distribution of doctoral degrees awarded in canadian universities for the 1975-76 academic years shows that 18.8 percent of the degrees were awarded to women. The percentage of doctoral degrees awarded to women in Canada has been gradually increasing from a low of five percent in 1950-51, although the degrees remain concentrated almost entirely in the humanities and education and, to a lesser degree, in the social sciences. In the United States during the 1970's women earned approximately 20 percent of the Ph.D.'s granted, achieving the same percentage of the total number of doctorates awarded as women obtained in the 1920's when the last drive for women's equality took place (Comment, 1979:1). In the intervening decades, and particularly during the 1960's, women seemed to have settled into the role of homemaker in record numbers.

Nurses with earned doctorates constitute a unique group of women in that their academic and professional achievements stand in sharp contrast to the norms for nurses and for women generally. An understanding of the career behavior of nurse-doctorates would seem to be an important aspect of the development of the nursing profession in canada as well as contributing to increased knowledge about the careers of professional women in general. However, study of the career development of highly educated nurses (or other professional women in female dominant careers) does not seem to have been undertaken.

Purpose of the Study

The purpose of this study was to describe the career development of doctorally prepared nurses currently working in Canada. In order to understand the career development of this group of highly educated women, it was necessary to describe this process within the context of the other significant aspects of the lives of the nurses.

Significance of the Study

The investigation of career development has attracted the attention of researchers in many disciplines, including psychology

(Super, 1963), sociology (Ginzberg, 1966), education (Astin, 1969), and management (Kanter, 1977). Until recently the study of career development devoted little attention to women. In general, the research has concentrated on male workers, often treating employed women as deviants while equating the norm with male work behavior (Acher, 1978). Where women's careers were studied, empirical investigations, with a few notable exceptions (e.g. Kanter, 1977), have concentrated on females working in male-dominated occupations to the neglect of females working in female-dominanted occupations. This study will make an initial contribution to our understanding of the career behavior of a selected sample of women in nursing, the most female-dominanted profession.

Career development theorists (Super, 1957; Hall and Nougaim, 1968; Schein, 1971; Baldwin, 1979) basically agree that a career (like life in general) proceeds through a series of stages in which activities, relationships and the psychological issues change. As individuals move through these stages their career behavior and attitudes gradually evolve. These theorists further suggest that career development is a biologically, sociologically, and psychologically dynamic interaction between the individual and the demands of the environments in which they find themselves. However, the process of career development is frequently studied in isolation from other aspects of the environment. The focus of this research project will be to study the career development process of the subjects within the context of their individual lives.

Theoretical perspectives on career development seem also to be derived from theories of how adolescents and young adults make career decisions. In this study the process of career development during adulthood will be examined. The process by which women pursue the adult developmental task of forming and modifying an occupation is of particular interest at a time when traditional adult female roles are being questioned as to their adequacy in providing a rewarding life structure for women throughout the course of their adult lives. No comprehensive theory of adult development for women has been developed. This study will make a contribution to the presently limited body of theoretical knowledge concerning adult development of women.

From a practical perspective the investigation of the career development of Canadian nurse-doctorates has considerable importance. During the past several years Canadian nursing leaders at both national and provincial levels have expressed increasing concern about the paucity of highly educated nurses to assume senior nursing leadership roles in the fields of research, clinical practice, education, and administration. Interestingly, and in contrast to the growing concern among many academic disciplines as to both the immediate and long-term employment prospect of individuals completing doctoral programs, the employment opportunities for nurse-doctorates, particularly in Canada's Faculties of Nursing, seem excellent. While beginning evidence is available showing an acceleration of demand for doctoral education by nurses, the need for these highly educated individuals within the nursing profession, presently and in the future, is acute. This study will add to the base of knowledge about the process of career development of nurses with earned doctoral degrees.

Statement of the Problem

The purpose of the present study was to describe, within the framework of adult development outlined in Levinson's theory of early and middle adulthood, the career development of a selected sample of nurses currently working in Canada, who hold earned doctoral degrees.

Conceptual Framework

In the absence of a theory of the adult development of women, the conceptual framework of the present study was derived from Levinson's theory of adult development. While the focus of the study will be on the developmental task of forming and modifying an occupation, Levinson's theory underscores the necessity of describing this process within the context of the other significant aspects of the individual's life. The other significant aspects or components identified by Levinson include the Dream; marriage and family; friendship and mentoring relationships; ethnicity; and religion.

At any given time one or two of these components will have a central place in any individual's life. Levinson's research suggests that occupation and marriage and family are usually the most central components of an individual's life. The central components receive the largest share of one's time and energy. At various times in an individual's life these components may shift from being a central aspect of an individual's life to being a peripheral aspect or vice versa. A component may be eliminated altogether.

The concept Levinson created to study these components is the life structure. The life structure represents the critical choices or decisions that an individual makes concerning the components of their individual lives. These choices or decisions result in shifts of the components from central to periphery or vice versa. The work on these components results in alternating periods of change and stability. Levinson suggests that these periods are developmental in nature in that they are age-linked and sequential. Each period has a specific set of developmental tasks with relation to the forming and modifying of the life structure.

Levinson's theory suggests that the life structure of nurse-doctorates will be organized around the central components of forming an occupation and their marriage and family relationships. He further suggests that the life structure of nurse-doctorates will progress through an age-linked series of alternating periods of change and stability. At various periods in the life structure of nurse-doctorates work on the developmental task of forming and modifying an occupation will assume varying degrees of importance. Levinson argues that our understanding of changes within a single component (e.g. forming a career) will be increased when this component is examined from a developmental perspective. Furthermore, from the perspective of developmental theory, the concrete changes within a single component are highly variable in their sequence and timing.

The Research Questions

The study was concerned with describing the career development of selected nurses currently working in Canada, who have an earned doctoral degree, using Levinson's theory of early and middle adult development as a theoretical guide. Given the exploratory nature of the study a number of broad questions were formulated to guide the research process.

1. How have the major components of the life structure of nurse-doctorates been formed and modified during early and middle adulthood?

2. How have nurse-doctorates formed and modified their occupations during early and middle adulthood?

3. How have nurse-doctorates formed and modified their Dreams during early and middle adulthood?

4. How have nurse-doctorates formed mentoring relationships in their careers?

5. Does the life structure of nurse-doctorates progress through a series of alternating periods of change and stability during early and middle adulthood?

Assumptions, Delimitations and Limitations

Assumption. The major assumption underlying the study was that the subjects' reports of their personal, educational and career experiences and the meaning of these experiences were the best source of data to describe the career development of nurse-doctorates.

Delimitations. The study was delimited to female nurse-doctorates between the ages of 35-50 who are currently working full-time in nursing and who live in Canada.

Limitations. There are several major limitations in this study. The subjects of the study were selected and therefore may not be typical of highly educated nurses or of highly educated women. The size of the selected sample was extremely small and included only English speaking nurses.

Another major limitation of the study concerned the open ended interview approach to data collection. The study relied on the subject's ability to recall events in her past and how she felt about those events. The interviews were individualized to the lives of each subject and therefore all the interviews were not the same. The various aspects of this limitation will be more fully discussed in Chapter III.

Definition of Terms

Career: a time-extended working out of a purposeful life pattern through work, paid and unpaid, undertaken by an individual.

Nurse-doctorate: refers to a nurse holding an earned doctorate (Ph.D., Ed.D., D.Sc.N.) regardless of the discipline in which their doctoral work was undertaken.

Life structure: the underlying pattern or design of a person's life at a given time.

The Dream: represents the kind of life the individual wants to lead as an adult.

Mentor: an individual who fosters another person's psychosocial development by acting as a teacher, sponsor, guide, and/or role model.

Developmental task: the sociological and/or psychological adjustments necessary for continued growth.

Research Methodology

This study was designed as descriptive research using a self report methodology. The study was also exploratory, in the sense that there was little existing information concerning either the career development of nurses or the adult development of women. In order to answer the research questions, detailed and highly individualized career and personal information was required. The research plan was to gather these data from a small selected sample of nurses currently working in Canada who hold earned doctoral degrees, using a combination of open ended interview and questionnaire approaches. The interviews allowed the researcher to identify changes in the life structure of the subjects over a period of time from when the subjects left high school until the age at the time of interview. The interviews were conducted in a manner which encouraged the subjects to tell the story of their lives focusing on the major events of their careers and personal life histories. The interviews were tape recorded and then transcribed. The purpose of the questionnaire was to ensure accuracy in terms of personal, educational and employment history. The major events and the meaning of the events as described by the subject were organized year by year creating for each subject a career and personal life history. These biographies were analyzed for major themes and issues.

Organization of the Thesis

This thesis is organized into five chapters. The first three comprise the introduction, a literature review and a description of the research method. A discussion of the findings of the study is presented in Chapter IV. The final chapter presents the conclusions and recommendations from the study.

CHAPTER II

REVIEW OF THE LITERATURE

The purpose of this literature review is not to present a comprehensive discussion of the very widely studied subject of career development. Rather, this section of the study is intended as an overview of the key theories, concepts, and issues which have emerged from the study of career development.

Until the last few years most of the theory development and research on careers has focused on men. One explanation for the neglect of research concerning women's careers is that the work force has been made up primarily of men, although many feminist researchers (Huber, 1973; Daniels, 1975; Archer, 1978) argue that the focus upon men resulted from biased male theoreticians and researchers. Clearly, as the sex composition of the labor market has changed the bias toward looking only at men as career-holders is also changing. In the last decade women have entered the labor market in increasing numbers and are drawing closer to the total female population in terms of their age, educational attainment, marital and family status and other related demographic variables. At the same time, research focusing on women's careers has gained legitimate status in the academic community.

Career Development

The term 'career' suffers from having numerous meanings. Hall (1976:2) has suggested that in the popular and the behavioral science literature there are four distinct ways in which the term career is used:

1. Career as advancement: In this context career represents the sequence of promotions and other upward moves (e.g. transfers to more responsible positions or moves to "better" organizations or locations) in a work-related hierarchy during the course of a person's work life. This concept of directionality is a pervasive theme in present day writing about careers.

2. Career as profession: Another way of viewing careers is that certain occupations represent careers, while others do not. This is related to the career-as-advancement theme, since "career" occupations are generally those in which some clear pattern of systematic advancement is evident. Doctors, lawyers, professors, and teachers, as well as other professional people are generally understood to have a path of career movement. By way of contrast, jobs that do not generally lead to advancement are often viewed as not constituting a career.

3. Career as a life-long sequence of jobs: Using this definition the person's career is her/his particular job history - the series of positions held, regardless of occupation or level, during the course of her/his life work. According to this definition all people who work have careers. Work in this definition usually refers to paid employment.

4. Career as a life-long sequence of role-related experiences: By this definition, career represents the way the person experiences the sequence of jobs and activities that constitute the work history.

These experiences include the subjective events of a work life such as changing aspirations, satisfactions, self-conceptions and other attitudes of the person toward work and life. From this perspective the term career could refer to the history of a person in any particular role or status, not just a work role, for example, the career of wife and mother.

Perhaps as a result of these varying perspectives there is a tendency in the literature concerning career development to define the concept of career rather broadly to include all of one's life work. For example Hansen and Rapozal (1978:XV) have defined the career as "a time-extended working out of a purposeful life pattern through work, paid and unpaid, undertaken by an individual." The concept of career also suggests more or less orderly progression from one work-or-life/related goal to another. This implies that careers do not remain static and that individuals have some choice about how their careers progress.

The use of a global definition also reflects the changing nature of the study of career development. The recognition of the various aspects of women's work-related behavior has brought about a reconceptualization as more researchers recognize the interdependence of the career and other aspects of the individual's life. While in the past career choice and its determinants have been studied by psychologists, work behavior by organizational sociologists, family life by marriage and family sociologists and developmental psychologists, recent research on career development for both men and women has helped to bring together these research fields.

Career development theorists basically agree that a career proceeds through a series of stages which present different challenges and require different responses. As an individual moves through these stages their career interests, problems, and modes of behavior gradually change. Super (1957) and Hall and Nougaim (1968) suggest that career stages are loosely linked to chronological age. The young adult generally enters a career provisionally and explores many options. Gradually the individual selects a "permanent" career which complements his or her abilities and interests. Work is then begun to advance within this chosen field. As the individual grows older opportunities for advancement decrease and the career plateaus. The individual maintains established working patterns. As this maintenance stage progresses, the indiviudal becomes increasingly detached from occupational concerns.

Two early theorists provide a beginning outline of the basic process of career development. Buhler (1935:406) described a career as consisting of five sequential stages. The "exploratory" stage lasts from age 17 to 28 and provides the individual an opportunity to test the fit between the individual and the chosen occupation. The "selective" stage, lasting from age 28 to 45, represents the period when a commitment has been made to a particular occupation. A "testing" stage occurs in the mid-forties, when the individual reassesses the career and evaluates future prospects. The period from 48 to retirement is the "indulgence" stage where the individual attempts to maximize personal reward instead of pursuing external goals. In the "completion" stage the individual retires and reflects on past achievements. Buhler's theory is an effort to identify career stages but the concepts are rather vague for practical explanation of individual career development.

Miller and Form (1951) are another example of early thinking concerning career stages. They describe five occupational stages similar to Buhler's but based more on actual job behavior than on the developmental processes. The preparatory work period occurs in childhood. The initial work period in the late teens consists of part-time and occasional jobs. The trial work period starts with the person's first regular full-time job and continues until he settles into a stable field of work usually in the late twenties or early thirties. The stable work period extends from the thirties to the sixties and is followed by retirement.

Although both Buhler's and Miller and Forms' ideas lack sufficient structure to give a sense of the changes which occur in the individual as he/she progresses through a career, one does get a beginning picture of a chronological sequence of tasks and processes concerned with occupational development. Several later theories more clearly describe the issues which typically arise and the changes which occur within the process of career development. The theories of Super (1957 and 1970), Hall and Nougaim (1968), and Schein (1968 and 1971) describe the issues and behavior of each stage in greater detail. These theories link career development to chronological age.

The most comprehensive theory of career development is the work of Super (1957 and 1970). He states that socialization for careers follows a sequence similar to that of personality development. Career development is viewed as a continuous, orderly, and generally predictable process and, like personality development, career development is a dynamic process of integration and individualization. Career progression results from the interaction of various sociological, psychological, and economic forces. The importance of these influences varies at different stages in the individual's life.

Over time the individual formulates aspirations and experiences varying degrees of success which result in increasingly realistic career goals. The individual eventually works out a compromise between his fantasies of success in the career and the real world of work (Super _et_ _al_., 1970:491-492). Super believes that an individual's career satisfactions depend upon the extent to which he can find outlets in his work for his abilities, interests, values, and personality characteristics (Super _et_ _al_., 1970:496).

Super (1957:125-147) sees the adult progressing through three stages of career change:

1. Exploration (age 15-25) - The individual explores his/her interests and capabilities and tries out various jobs.

2. Establishment (age 25-45) - The individual makes a longer term commitment to a career and an attempt to advance. This more stable period brings the individual closer to her/his personal goals.

3. Maintenance (age 45-65) - The main concern of this stage is holding onto the status quo. In middle-age there is a tendency to keep doing the kind of things which got the individual established. The career has plateaued and little change occurs. Near the end of the

maintenance stage the individual becomes detached from occupational and social pressures.

Hall and Nougaims' (1968:128) study of young managers at AT and T found some evidence to support Super's theory of career stages. They found that during the first years of employment managers were concerned with gaining recognition and establishing themselves in the organization.

> The beginning of the career is a new experience and here the person is mainly concerned with defining the structure of his position and with feeling secure in it. At this point he is at the boundary of his organization, a very stressful location and he is searching for means of integrating himself into the system.

After five years the managers were concerned with promotion and achievement. At this point the manager was not so concerned with fitting into the organization as with moving upward and mastering it. This study suggested that a maintenance stage might follow the advancement years, although this conclusion was speculative.

Super's and Hall and Nougaims' theories aid the understanding of the processes involved in career development. The theories describe sequential progress of an individual through the career. They show career development as a complex process, influenced by internal and external forces which change during the course of the career.

Schein's (1968 and 1971) theory of career development provides an understanding of the relationship between the career of an individual and the career as defined by an organization. He conceptualized an organizational career as a series of boundary passages through the three-dimensional space of an organization. The three types of boundaries to be crossed are:

1. Hierarchical boundaries which represent the authority levels of an organization and show one's rank in the organization.

2. Inclusion boundaries which separate individuals or groups of varying degree of centrality to the organization.

3. Functional boundaries which separate different types of work performed and represent lateral movement within the organizaton.

Boundaries vary in permeability at different levels in the organization and in different organization. Boundary passages occur as the person moves from one career stage to another. Schein (1971) suggested that the organization career is not the same as the person's career. Most organizational careers are much shorter than the person's total work career. For example, in many organizations there are "early-leaving" careers (e.g., professional athletes) or "late-entry" careers (e.g., judges and university administrators).

Schein (1968) observed that individuals gradually change as they cross organizational boundaries. These changes occur on entrance to an organization and when the individual moves within an organization from one rank to another.

Schein (1971:412) observed:

> The changes which occur in a person during the course of his career as a result of adult socialization or acculturation are changes in the nature and integration of his social selves. It is highly unlikely that he will change substantially in his basic personality structure and his pattern of psychological defense, but he may change drastically in his values, new competencies, new images of himself, and new ways of entering and conducting

> himself in social situations. As he faces new roles which bring new demands, it is from his repertoire of attitudes and skills that he constructs or reconstructs himself to meet these demands.

It should be noted that the kinds of stage and terminology chosen by Schein reflect the assumption that career movement is basically a process of socialization. Schein (1971:415) sees basic similarities between organizational careers and other transitional processes which occur in society such as socialization, education, acculturation and initiation into groups. His theory as presently developed would be most useful in the study of career in organizational settings. The theory seems less useful for the study of careers in other settings.

Another more recent attempt to outline the processes involved in career development is the research of Henning and Jardim (1977). They studied the career development of women executives in the corporate sector in the United States through a series of indepth interviews. Their work reveals that the overall timing and structure of a woman's career, at least for women executives, may be similar to that of men. Among the findings of the research was that most of the subjects were first born, often the only child in the family who developed a special relationship with their fathers. They conceptualized a three stage process:

1. First Career Decade (age 25-35) - In this stage the women committed their lives to their careers. Personal relationships and femininity were minimized. Career progress was aided by a male boss.

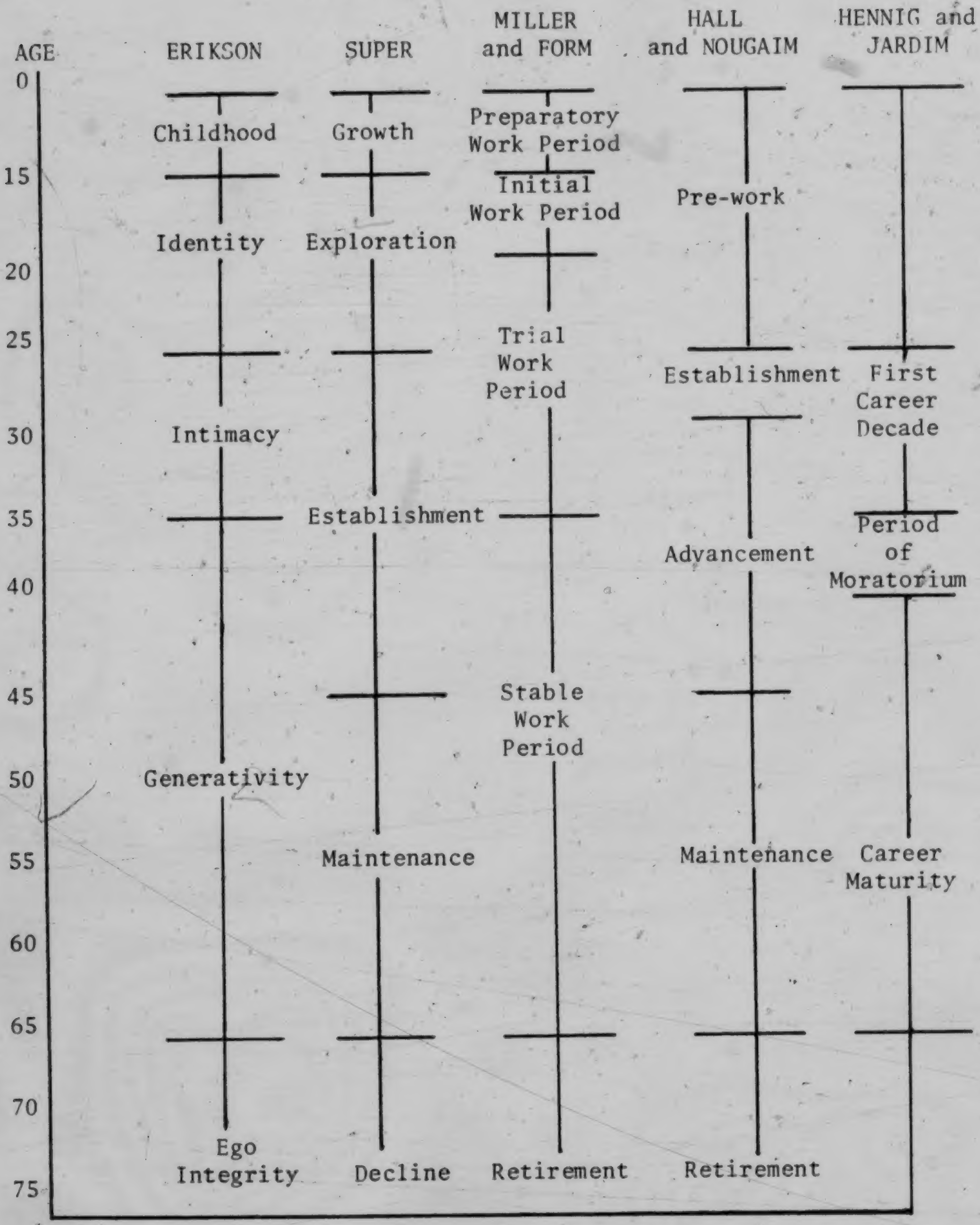
2. Period of Moratorium (age 35-39) - The women reached a plateau in their careers. They began reconsidering values concerning femininity, marriage and motherhood.

3. Career Maturity (age 40-?) - During this stage there was a recommitment to the career with increasing personal and career autonomy and the development of interdependent relationships with co-workers and boss.

The research of Henning and Jardim shows a set of stages similar, in a general way, to the career development theory of Super (1957), particularly with regard to timing and the specific tasks at each stage. However, the career development theory in this research appears to be broader than the previous theories in that Hennig and Jardim have identified personal developmental issues that impact on the career development of women. Henning and Jardim's research was the first attempt to create a theory concerning the career development of women.

Table I shows a graphic representation of the career development theories and underscores the significance of the age factor. The developmental theory of Erikson is included in Table I and will be discussed in the next section of the literature review.

Table I
Table Summary of Career Stage Models


AGE
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ERIKSON
SUPER
MILLER and FORM
HALL and NOUGAIM
HENNIG and JARDIM
Childhood
Identity
Intimacy
Generativity
Ego Integrity
Growth
Exploration
Establishment
Maintenance
Decline
Preparatory Work Period
Initial Work Period
Trial Work Period
Stable Work Period
Retirement
Pre-work
Establishment
Advancement
Maintenance
Retirement
First Career Decade
Period of Moratorium
Career Maturity

Adapted from: Hall, D.T. Career in Organization. Pacific Palisades: Goodyear, 1976, p. 56.

Theories of career development have conceptualized the career as a dynamic, changing, perhaps age-related process. As well, the career is usually described as a central element in the development of the adult self concept and therefore as having influence on all aspects of the adult's life. Career development theories help to outline the periods and major events that affect an individual during his/her work life. There are beginning suggestions about what needs and concerns may be significant at various times during a work-life. However, except for the work of Schein, the theories of career development are very global in nature. Consequently they offer only a limited guide for describing the career development of nurses with earned doctoral degrees. The research of Henning and Jardim suggests that issues of marriage, motherhood and femininity are important in the development of theory concerning women's careers.

Theories of Adult Development

Another way to study career development is within the framework of adult development. According to adult development theorists (Sheehy, 1976; Levinson, 1978; Gould, 1978), persons beyond adolescence continue to grow and change throughout their lives. A vast body of theoretical literature exists outlining the various stages of development and change experienced during the pre-adult phases of life. It is now generally accepted that all lives are governed by common development principles in childhood and adolescence and go through a common sequence of development periods; at the same time each individual life has its own special character and follows its own special course.

The same developmental perspective has only in recent years been applied to the study of adulthood. Cain (1964:278) suggests that the life course of adults consists of a series of successive stages with each stage having developmental tasks which the individual must complete before progressing on to the next stage. Levinson (1976:21) believes that the character of a person gradually changes as he/she moves from one stage to the next and encounters new situations and demands. As a result, an adult's values, needs, perspectives, and modes of thinking vary according to the individual's stage of life.

Troll (1975:3) observed that unlike childhood and adolescence, the process of adult development is not highly contingent upon changes in the physical organism. The major "punctuation marks" in adult life are more often social than biological. Perhaps an exception to this generalization is the biological time limit on female reproductive functions. For this reason, a psychosocial framework encompassing sociological and psychological variables for understanding adult development is usually used by researchers (Neugarten, 1968:142, 146). Developmental theorists have tried to provide the necessary framework in a variety of ways. Some theories consider the significant events which occur during the evolution of adult life in general (Levinson, 1978). Others focus on a narrower aspect of adult development, such as personality development (Gould, 1978) or adult crises (Sheehy, 1976). Both approaches provide a perspective on the changing nature of adult lives and could help clarify the career development process of highly educated nurses.

Theories which attempt to explain the overall development of adults have only recently gained acceptance in academic communities. However, the concept of developmental stages has venerable historical roots. As early as the seventh century B.C., the Athenian poet Solon suggested a life course of ten seven-year stages (Cain, 1964:277). Shakespeare in As You Like It speaks of the seven ages of men: "One man in his time plays many parts, His acts being seven ages." Theorists have made many attempts to clarify the course of adult development.

Erikson's (1963) well known eight-stage theory of ego development divides the life course into distinct periods and provides the foundation for many of the theories of adulthood. His last three stages of Intimacy verses Ego Isolation, Generativity versus Stagnation, and Ego Integrity versus Despair depict the developmental levels of adulthood, the stages of which are distinct yet overlapping. Each of Erikson's stages is governed by the resolution of a crucial problematic issue. These issues are bi-polar in nature and the issue must be met and resolved, at least temporarily, if the individual is to proceed to the next level of growth. The developmental tasks at each stage are governed by this central issue. He suggested that the adolescent stage which he termed Identity versus Role Confusion and the young adult stage of Intimacy versus Isolation are experienced differently by men and women. However, this observation is not taken into account in this theory. Erikson describes the eight stages of male development and women seemed to be a postscript. The work of Erikson is based upon his clinical, anthropological and historical observations and has received considerable support from clinicians. The theory is extremely useful in understanding specific developmental problems such as identity confusion and mid-life career crises in men. Whether these crises occur in women at the same time in their lives is uncertain. However, the concepts are too global to provide a framework for the description of the career development process.

Neugarten (1964) expands on Erikson's theory, elaborating the role of age and time perspectives. Her studies explored the intrapsychic development of men and women moving from middle age to old age. The studies are cross sectional with a sample of 700 men and women age 40-70 and representive of all socio-economic levels. Neugarten's (1968) research shows that self-concept and personal identity change as the individual faces the contingencies of marriage, parenthood, career advancement and decline, retirement, widowhood, illness and personal death. The middle years of life, probably the decade of the 50's for most people, represent the major turning point. As the individual transfers to this later phase, the time focus shifts from "time since birth" to "time left to live." This progression sets the boundaries for other major changes. The adult moves from a sense of initiative and self determination to a sense of inevitability of the life cycle, from mastery of the outer world to withdrawal, reflection, and preoccupation with the inner self. Often at this time the adult becomes concerned with sponsoring others. Gradually, the adult's primary objective in life changes from goal achievement to a stage of self-satisfaction. Neugarten (1968) suggests that the men in the study showed this trend more clearly than the women.

Vaillant (1977), Gould (1978), and Levinson (1978) have made the most recent attempts to study adult development. Vaillant's (1977) research was a follow up study of the lives of over 200 men who were Harvard undergraduates at the time of the study. The study began in 1937. The research objective was to learn how psychologically healthy men use ego defense mechanisms to deal with the reality of their daily lives. Vaillant (1977:29) suggests that mental health and the ability to cope with life is dependent on continuing interaction between the defense mechanisms and the establishment of long term relationships. He believes that a relationship existed between social privilege and optimum development which is reflected in the title of his book, Adaptation to Life: How the Best and Brightest Came to Age and thus limiting the applicability of his research to women and other less privileged groups.

Gould's (1978) work reinforces the idea that sequential changes occur during adulthood. While his research identifies seven distinct age periods which extend from 16 to 60 years of age his emphasis is primarily on personality development. He does not provide detailed descriptions of the individual life stages but does attempt to link developmental issues and tasks to the adult years. For example, the years from 22 to 28 were described as a learning period when a person acquires skills needed for his roles in the adult world. The years between 35 and 43 are dominated by questioning of one's personal worth, values, and direction in life. The person at this life stage often asks himself: "Have I done the right things? Is there time to change?" After the age of 50 the adult develops a more self-accepting attitude. His life becomes more inner directed and less concerned with achieving extrinsically motivated objectives. Although Gould studied both men and women, there was no attempt to examine the differences and similarities between the sexes. His model of adult development does describe a series of age-related changes. He focused on the necessity in adulthood of challenging the false assumptions of childhood but the phases seem unidimensional. The primary subjects of Gould's research were psychiatric out-patients, supplemented by a survey of white middle class people who were not in psychotherapy. The research design limits the usefulness of Gould's observations to the general adult population.

However, Gould's theory complements the work of Erikson, Neugarten, and Vaillant in that he hypothesized that certain issues and behaviors become salient at different points in adult life. He concurs that adults change in systematic ways as they proceed through successive stages. The significant contribution of Gould's research is the connection of predictable life experiences to the adult years.

The most recent and most descriptive effort to explain adult development is the work of Levinson (1978). Levinson's conception of adult life stages is derived from the study of biographies, novels, plays, and poems portraying the lives of men in different countries and many historical periods. He tested his ideas in an intensive study of 40 men between the ages of 35 and 50.

The basic thesis of Levinson's work is that even the most disparate adult lives are governed by the same underlying order - a sequence of eras and developmental periods. Levinson believes the life cycle evolves through a sequence of eras, each lasting roughly twenty-five years. The eras are partially overlapping, so that a new one is getting under way as the previous one is being terminated. The sequence of eras goes as follows:

1. Childhood and adolescence, age 0-22
2. Early adulthood, age 17-45
3. Middle adulthood, age 40-65
4. Late adulthood, age 60-?

An era is a "time of life" in the broadest sense. Each era has its own distinctive and unifying qualities, which take into account the biological, psychological and social aspects of living. The sequence of eras constitutes the macro-structure of the life cycle. It provides a framework within which developmental periods and the concrete processes of everyday living take place. The developmental periods give a finer picture of the dramatic events and the details of living; the era gives an overview of the life cycle as a whole. The discovery of the age-linked nature of the eras was one of the major findings of Levinson's study.

The progression from one era to the next is neither simple nor brief. The transition between eras consistently takes four or five years. This transition is the work of a developmental period that links the eras and provides some continuity between them. A developmental transition creates a boundary zone in which a man terminates the outgoing era and initiates the incoming one. For example, pre-adulthood ends at roughly age 22 and early adulthood begins several years earlier, usually at 17. The span from 17 to 22 years is the period early adult transition.

Levinson's Developmental Periods

The sequence of eras forms the outer structure of the life cycle. Within this structure qualitatively different periods of adult development occur. These periods are the means by which the developmental work of an era is carried out, and they provide the linkages between the eras. Levinson's theory depicts adult development as a series of sequential stages alternating between periods of stability and transition. During a transitional period which normally lasts four to five years the individual asssess his current life situation and typically begins to alter the previous structure of his life. In a stable period which normally lasts six to seven years the person tries to build a new life structure.

Levinson sees these periods occurring fairly universally and varying within only a narrow age range. Although Levinson's research has stopped with men of about age 50, he suggested that the sequence of stable and transitional periods continues over the entire life cycle (Levinson, 1978:62). Each of the periods is characterized by particular developmental tasks and other unique circumstances.

1. The Early Adult Transition begins at age 17 and ends at 22. Its twin tasks are to terminate pre-adulthood and to begin early adulthood. The first task is to start moving out of the pre-adult world. The second task is to take preliminary steps into the adult world by making and testing some preliminary choices for adult living.

2. Entering the Adult World is the first adult life strucuture. The period extends from about 22 to 28 years. Its chief task is to fashion a provisional structure that links the self to the adult world. The choices centre around occupation, peers, and love relationships. The young adult has two primary but opposing tasks (a) to explore the possibilities for adult living; and (b) the contrasting task is to create a stable life structure.

3. The Age Thirty Transition, which extends from roughly 28 to 33 years, provides an opportunity to work on the limitations of the first adult life structure and to create the basis for a more satisfactory structure later. For men this transition is frequently a crisis time. A developmental crisis occurs when an individual has great difficulty with the developmental tasks of the period. At this time the individual must make important new choices or reaffirm the old choices. If these choices are congruent with his dreams, talents, and external possibilities they will provide the basis for a relatively satisfactory life structure. If the choices are poorly made and the new structure seriously flawed there will be problems in the next period.

4. Settling Down is the second life structure which takes shape from age 33 to 40. The individual seeks to invest himself in the major components of the structure (work, family, friendships, leisure - whatever is most central to him) and to realize his youthful aspirations and goals. In this period the individual has two major tasks (a) to establish his place in society by becoming a valued member and competent in a chosen field; (b) to work hard at "making it" in terms

of advancement and affirmation. Levinson uses the imagery of climbing the ladder where the bottom rung of the ladder represents a junior member. The aim is to advance up the ladder and become a senior member of the adulthood world. A man's sense of well-being during this period depends strongly on his own and others' evaluation of his progress toward these goals. Levinson suggested that the major developmental task centers around becoming one's own person.

5. The Mid-Life Transition which lasts from roughly age 40 to 45 provides a bridge from early to middle adulthood. It brings a new set of developmental tasks. The life structure again is questioned. It becomes important to ask "What have I done with my life? What do I really get from and give to my wife, children, work, community and self?" For many men this is a period of moderate or severe crisis. They question nearly every aspect of their lives and frequently need several years to form a new or modified life structure. During this period the neglected aspects of self receive more attention.

6. Entering Middle Adulthood is a more stable period after resolution of the Mid-Life Transition. This period lasts from age 46 to age 50. At this stage men often establish new and more intrinsic goals. They become less influenced by the ambitions of youth and can become more deeply attached to others through mentoring and deepened family relationships while at the same time more centered in the self.

7. The Age Fifty Transition normally last from about age 50 to 55. The functions of this period in middle adulthood are similar to those of the Age 30 Transition in early adulthood. In this period the individual can work further on the tasks of the Mid-Life transition and

can modify the life structure formed in the mid-forties. It may be a time of crisis for individuals who changed too little in their mid-life transition and then built an unsatisfactory life structure.

8. Culmination of Middle Adulthood is a stable period from roughly age 55 to 60, devoted to building a second middle adult structure, which provides a vehicle for completing middle adulthood. This period is analogous to the setting down stage of early adulthood.

9. The Late Adult Transition is the final period of this era which terminates middle adulthood and creates a basis for starting the new era of late adulthood. The period lasts roughly from 60 to 65. The tasks of this transition are to conclude the efforts of middle adulthood and to prepare oneself for the new era to come. It is a period of significant development and represents a major turning point in the life cycle.

Age Linkages: Levinson's theory suggests a relatively low variability in the age at which every period begins and ends. For every period he found a typical age of onset. The developmental periods were age-linked, but they are not a simple derivation of age. The successive periods are not links in a chain. Each period is "interpenetrated" with the other. The current period is predominant, but the others are present in it.

Sequences: Levinson outlined developmental periods which occur in a fixed sequence. As long as an individual continues to develop, he will proceed through the periods in the order outlined. The individual cannot go from period three to five without going through four. Developmental impairments and defeats from the past may prevent a man from beginning a new period and working on its tasks. Developmental blocking of this kind can occur in adulthood, as in childhood, as a result of over-whelming biological, psychological or social insult. Levinson's theory does not posit hierarchical stages. One developmental period is not higher or better than other preceding ones -- just different.

Life Structure

The concept Levinson created for the study of adult development is the individual life structure. A "life structure" is the underlying pattern or design of a person's life at a given time. The life structure incorporates both internal (e.g. values, ideals, feelings, anxieties) and external (e.g. transactions between the individual and the family, work places, friends, etc.) aspects of the individual's life pattern. The life structure is normally neither static nor constantly in flux.

The primary components of the life structure are the various aspects of the individual's life about which the individual makes choices. One or two components have a central place in the individual's life structure at a given time. Other components are more peripheral. The central components have the greatest significance for the evolving life course. They receive the largest share of one's time and energy, and they strongly influence the choices made in other aspects of life. The life structure may change in various ways. A component may shift from center to periphery or vice versa. A component may be eliminated altogether. The components most likely to be important in a man's life are occupation, marriage-family, friendship and peer relationships, ethnicity and religion. Levinson's research suggests that occupation and marriage-family are usually the most central components.

Levinson concludes from his research that the life structure evolves through a relatively orderly sequence during the adult years. It consists of a series of alternating stable (structure-building) periods and transitional (structure-changing) periods. These periods shape the course of adult development. The primary task of every stable period is to build a life structure. The individual must make certain key choices, form a structure around them, and pursue his goals and values within this structure.

The Developmental Tasks of Early and Middle Adulthhood

Within a framework of eras and developmental periods, Levinson (1978:330) identified three sets of tasks. The three sets are closely interrelated, and all of them are essential to the understanding of adulthood:

1. Building and Modifying the Life Structure. One set of tasks has to do with the developmental periods and the evolution of the life structure. In a stable period the major tasks are to build a life structure and enhance one's life within it. In a transitional period one must terminate the existing structure, explore the possibilities in self and in the world. New choices form the basis of a new structure. Every period has distinct tasks that reflect its specific place in the life cycle.

2. Working on Single Components of the Life Structure. A second set of tasks has to do with forming and modifying single components of the life structure. The components identified by Levinson as being of central importance in a man's life are occupation, family and mentoring relationships, and religious and ethnic activities. The continuing work on these tasks contributes to the stability of adult life.

At the same time, this work changes from period to period and contributes to the evolution of the life structure. Levinson argues that our understanding of changes within a single component (e.g. forming a career) will be increased when this component is examined from a developmental perspective. The individual's life structure evolves through a series of age-linked periods; the more concrete changes within a single component are variable in their sequence and timing. Of the many components that may have great significance in a man's life, five were of special importance in Levinson's study:

a) Forming and modifying the Dream: The Dream is a powerful and pervasive factor in the development of adulthood. The Dream represents the kind of life individuals want to lead as adults. Levinson theorizes that in early adulthood a man has to form a Dream, create an initial structure in which the Dream can be lived out, and attain goals through which it is in some measure fulfilled.

In middle adulthood the task is to modify or give up the Dream. The man may recognize that he will not be able to fulfill it. He then has to determine which other aspects of the self he will try to develop. If he has attained the Dream sufficiently, and finds it worthwhile, he may continue in the general direction it prescribes.

Even when the Dream continues to play a part, its meaning and place in the individual life evolve over the sequence of periods. The Dream is an adult phenomenon. It takes shape in the Early Adult Transition and is gradually integrated within (or, in many cases, is excluded from) an adult life structure.

b) Forming and modifying an occupation: Forming an occupation is a complex, social-psychological process that extends over adulthood. An initial choice is usually made during the Early Adult Transition. Even when the first choice seems to be very definite, it usually turns out to represent a preliminary definition of interests and values. Some men stay in a single occupation but the majority make a few or many changes. Even if a man continues within one broadly defined occupation, he will go through many qualitative changes in work place, status, identity, meaning, and mode of work. In the early thirties, with the start of the setting down period, he tries to define a work enterprise and ladder that will carry him to the achievement of his goals. He starts on the bottom rung of the ladder, as a junior member of the adult world. By about 40, and the end of the period of Becoming One's Own Man, he has advanced as far as he can up the early adult ladder. A vital task of the Mid-Life Transition is to make a place for himself in the middle adult generation and become "senior" within that world.

c) Love-marriage-family: Several interrelated tasks are included in this developmental component. What an individual seeks in a love relationship, and what kinds of love relationships the individual is able to form are continuing issues in adult life. If a man is to form an enduring marriage, he must become capable of fidelity and commitment. If he is to create a stable daily life that serves the needs of parents as well as children, he must become ready to accept daily responsibilities and to derive the satisfactions offered by marriage and fatherhood. The first developmental task is to form the capability of having adult peer relationships with women as well as men. During early adulthood an individual is as much an apprentice with regard to forming a marriage and family as with other aspects of adulthood. If he seeks a serious relationship with a woman, his ideal is the special woman who will be his lover, friend and helper in search of the Dream. If the woman has a Dream other than that of becoming a wife and mother, the two of them will have to create an evolving life structure that can encompass their joint family and their separate occupations. In early adulthood most men give work a higher priority than family, but during the late thirties and early forties a man may change his involvement in work and give the family a more central place in his life structure.

d) Forming a mentoring relationship: The mentor relationship is one of the most complex and developmentally important relationships that an individual can have. The mentor is ordinarily several years older and an individual of greater experience and seniority. The mentoring relationship is often situated in a work setting. Mentoring is defined in terms of the nature of the relationship and the functions it serves. In principle, a mentor may be either of the same gender or crossgender. The functions of the mentor include: (1) acting as a teacher to enhance intellectual and skill development; (2) serving as a sponsor by using his influence to facilitate the individual's advancement; (3) acting as guide to new values, customs, and resources; (4) acting as a model that the protege can admire. The mentor role is to support and facilitate the realization of the Dream. The mentor fosters the young person's development by believing in him, helping to define the newly emerging self and creating a situation in which the person can work on a reasonably satisfactory life structure that contains the Dream. He/she conveys the promise that in time they will be peers. Levinson believes many adults give and receive very little mentoring. Despite the frequent emphasis on team-work and loyalty in work settings, mentoring relationships are more the exception than the rule for both workers and managers.

e) Forming mutual friendships: Levinson observes that most of the males in his study did not have friendships. Close friendship with a man or woman was rarely experienced. An individual may have a wide social network in which he/she has "friendly" relationships with many same gender persons and perhaps a few opposite gender friends. Levinson believed that friendships of both genders were developmentally important and wondered what the consequences of this deprivation were for male adult life.

3. Becoming more individualized. The third set of developmental tasks involves dealing with the basic polarities of adult life: (1) young and old; (2) destruction and creation; (3) masculine and feminine, and (4) attachment and separateness. In the transitional periods an individual must reintegrate each polarity in a form appropriate to his/her place in the life cycle. Each polarity exists within the self and must be worked on over time. The Mid-Life

Transition is the developmental period most involved in working out the young/old polarity. Polarities concerning attachment and separateness and destruction and creation are tasks of middle adulthood. The masculine and feminine polarity are tasks beginning in early adulthood with attention to one or the other of the poles.

Levinson's theory suggests that all male adult lives have some common age-linked underlying developmental periods and tasks. This finding violates the long-held idea that individual adults develop at very different paces. Usually research concerning adult development has focused on a single element of the life structure (for example, age, occupational career, or marriage) and has found considerable variability in the ages at which particular changes occur. When adult development is examined in terms of the evolution of life structure, the age-linked sequence of the developmental periods are apparent. Very little is known about the tasks of adult development and the problem of building and modifying a life structure.

As a model of adult development, Levinson's theory has potential usefulness for practical application. In addition to illustrating the general direction of adult growth, this theory helps to explain particular behavior and concerns which emerge during the adult years. Specific groups of develomental tasks have been identified for each stage. These age-defined stages also help explain what particular adult concerns will become most salient.

While Levinson's research was limited to the study of male development, he believes that the theory offers a basis for the study of women without the assumption that the two genders develop in either identical or totally different ways. Women may go through the same adult developmental periods as men but in partially different ways that reflect the differences in biological or social circumstances. Levinson stressed the need for further research to validate his findings for women:

> We assume that our overall framework and central concepts do have general relevance but that the character of the actual life course will differ slightly as a function of gender, class, culture and the like. Many of our specific findings for men may well not hold for women. This is a question for empirical study. The approach developed here provides a basis for this study, which we consider an essential next step (Levinson, *et al.*, 1974: note 1).

A first step in the study of adult development of women has been made by Stewart (1976) who studied a small sample of 11 women in their mid-thirties. She found that all of them went through the same developmental periods as the men Levinson studied, though some of the specific developmental issues were addressed in qualitatively different ways. For example the questions of marriage and parenting had differing meanings for the women studied than reported by Levinson. She found greater variablity in women's development than Levinson reported for men, both in the definition and ordering of the developmental tasks of the 20's and 30's. The women of her sample group were found not to have a Dream of what they would be in the future. The women tend to form more relational, less individualistic plans for their future. Sheehy (1976) demonstrated the usefulness of Levinson's theory for the study of women in her book *Passages*.

In summary, the theories of adult development discussed here emphasize different aspects of the life cycle. At times the theories offer conflicting timing of events. However, there is a basic consensus that adulthood is a dynamic, evolving time of life unified by a series of age-related stages. Each of these stages has a specific set of developmental tasks. Among the more prominent of these tasks is forming an occupation. Levinson's theory provides the most detailed and concrete description of the various stages and tasks which occur during adult growth and development that is currently available. The developmental tasks associated with the career process are described over the entire adult life cycle. Consequently, of the adult development theories reviewed, Levinson's (1978) theory offers the most useful framework for a study of the career development of nurses with earned doctoral degrees.

Theoretical Perspectives on Female Development in Adulthood

No comprehensive theory of the adult development of women currently exists. In the literature perspectives concerning women are primarily derived from theories of male development. While theorists admit that gender differences are significant, most efforts have been directed at studying men. When women's development varies from the male model, women were often viewed as deviant. In a research study examining the mental health in women and men Broverman et al., (1970) show the impact of viewing female behavior as less desirable. A group of clinicians (psychologists, psychiatrists and psychiatric social workers) of which nearly half were women, were asked to describe healthy, mature, socially competent men and women. The clinicians were divided into three groups. The first group were asked to describe a mentally healthy, mature, socially competent man; the second a mentally healthy, mature, socially competent woman; the third a mature, healthy, socially competent adult. Each group were given the same 38 item bipolar scale of masculine-feminine personality traits. The results show that the personality profile of the mentally healthy female was very different from that of the healthy adult male. Mentally healthy males were considered to be independent, objective, worldly, rational, dominant and not easily excited. Mentally healthy females were described as more submissive, less independent, less adventurous, more easily influenced, less aggressive, less competitive, more emotional, and less objective. These results were very similar to the stereotypical male and female characteristics well documented in the research literature. What was startling was that the description of the mental healthy, mature, socially competent adult with no sex specific was indistinguishable from the description of the mentally healthy male. The less valued feminine personality characteristics were not seen as consistent with emotional well being. Broverman _et al_., observed that for a woman to be considered mentally healthy she must accept the behavioral norm for her sex, even though these behaviors are considered to be unhealthy for adults and men. The researchers stated the results of the study revealed "a powerful, negative assessment of women" (Broverman _et al_., 1970:7).

This pattern of seeing women's development as deviant and, by implication, inferior has a history that is decades old. Among the best example of this trend is the writings of Freud. He wrote that the personality differences between men and women were biologically based. Women were described as being envious of male genital development and as a result have weak super ego development. Freud (1925:84) observed that women:

> show less sense of justice than men, that they are less ready to submit to the great exigencies of life, that they are more often influenced in their judgements by feelings of affection or hostility.

The way women experienced relationships and the importance attached to these relationships was seen as a developmental inadequacy, not a developmental difference. The "real" inadequacy was with the theory itself.

The legacy of Freudian ideas pervaded academic and popular literature almost unchallenged until the late 1960's and early 1970's when theorists like Bardwick (1971), Mead (1974) and Chodoraw (1974) disputed some of the assumptions.

Chodorow (1974, 1978) argues that the existence of sex difference in early gender identity formation does not mean that women have weaker egos than men. She suggests that girls emerge from their early socialization with a basis for empathy built into their definition of themselves in a way that boys do not. She replaced the negative description of female psychology with a positive evaluation of early female development.

Women's traditional family roles of nurturer, care giver, and helper encouraged women not only to define themselves in the context of a network of relationships but to evaluate themselves in terms of their ability to care for others. Miller (1976) argues that women's concern with relationships is a developmentally important strength of women which should be fostered, not devalued. To these traditional roles, today's women are adding the role of paid worker. Some women work solely because of the economic circumstances of their lives. Many women work at careers to satisfy their needs for achievement and self worth. The meaning of careers in the lives of women is a complex, little understood issue. Little research exists that examines the careers of women as an integral part of female adult development. The research on the lives of adult women has tended to focus on variables such as marriage (Elder, 1972), family (Maulton, 1979), children (Kimmel, 1974), menopause (Neugarten, 1968), the empty nest (Bart, 1973), and multiple role involvement as a source of strain (Rubin, 1970). Much research has focused on whether married women with children have a greater sense of well being than single women. Bird (1979) argues that today's women, married or single, are more positive about their lives than many women in the past. Women in their middle years during the 1950's and 1960's have been shown to experience considerable anxiety and depression. What has changed is the context of women's lives in a society where new ideas about women's roles are permeating the culture permitting a wide range of options for women.

Despite considerable research and interest by both female and male scholars, theory development concerning women's lives is only just beginning. Barnett and Baruch (1978:2) after a review of research concerning women in their middle years, stated that "particularly with respect to women, theoretical work is in its infancy and empirical findings tend to be scattered and noncumulative." In the past few years, however, studies concerning aspects of women's adult lives have appeared in the literature. Gilligan's (1982) research on moral development underscores the importance of beginning theoretical studies with a female voice as the starting place for theoretical construction. Based on data obtained from interviews with women Gilligan demonstrated that a woman's sense of morality stems from her central concerns of responsibility and care. She argued that the moral developmental work of Kohlberg perpetuated the Freudian view of the inferiority of women's morality. Gilligam saw Kohlberg's theory as infused with a negative value judgement about women's concern for relationships. Gilligan's research found that there was a distinctive developmental sequence for women. Women have different values and conceptual orientations than men. She interpreted women's experiences in terms of their own imagery of nonhierarchical relationships.

Barnett and Baruch (1982) have conducted an interview study of a non-clinical population of adult women age 35-55 in order to examine the concept of well being for women at mid-life. The data suggested that employment, which is usually assumed to be a source of strain for women, was not the major problematic role in contributing to feelings of conflict and overload; the role of being a mother was. There are additional strains for women who are also paid workers, but the effects of employment are positive for mothers and non-mothers alike. Employment was seen as providing a significant sense of mastery and control. Nonemployed women had a lower sense of mastery. The research showed that for some women, having too few roles was detrimental to well being. The women at mid-life did not experience the crises that have been reported for men.

In spite of the growing interest in the psychosocial development of women, theory is almost nonexistent. Given the absence of any comprehensive theory, the present study has been designed to contribute to the development of a data base on women's adult development. The study will use the main constructs of the Levinson theory to examine the process of career development of a highly educated group of women. Chapter III presents the research design and procedures that were utilized in the present study.

CHAPTER III

RESEARCH METHODOLOGY AND PROCEDURES

This chapter includes a discussion of the research method and a description of the subjects of the study. The purpose of the study was to describe the career development of 10 nurses, working in Canada, who held earned doctoral degrees. This description was written within the context of other major aspects of their lives.

In the absence of a well formulated theory of female career development, the theoretical basis of this study was derived from adult development theory. No theory of female adult development exists; therefore the main theoretical constructs of Levinson's (1978) theory of male adult development formed the conceptual framework for this study. The purpose of the study was to describe a career development process that had not previously been the subject of investigation and based on this description to develop a theory of career development which takes into account the unique characteristics of highly educated women professionals in nursing.

The nature of the research questions necessitated an exploratory-descriptive design and the use of qualitative research methods. Given that detailed and highly individualized career and personal information were required to answer the research questions, the research plan was to gather these data from a selected sample of 10 nurse-doctorates using a combination of open ended interviews and a questionnaire.

Subjects of the Study

The subjects of the study were nurses currently working in Canada who held an earned doctoral degree. These nurses had been identified by Larsen and Stinson (1980) as part of the Kellogg National Seminar on Doctoral Preparation for Canadian Nurses. Names of Canadian nurses with earned doctoral degrees were located by searching the participant lists of the four Canadian nursing research colloquies, reviewing the Canadian Nurse Journal, and contacting all Canadian University Nursing Schools, all Provincial Nurses' Associations and the Canadian Nurses' Association. Information compiled included name, current job title, employer and business address, type of degree, major discipline of study, university awarding degree and nursing registration status.

From this population of 81 nurses, 10 nurses formed the selected sample for the study. The criteria for selecting the sample were:

1. a female nurse with an earned doctorate
2. currently employed full-time in nursing in Canada
3. between the ages of 35-50
4. willingness to participate in the study
5. English speaking

The nurses who were the subjects of the study lived in Western Canada and Ontario. All of the subjects were professors in faculties of nursing. In the process of selecting the 10 nurses, 14 potential subjects were approached. Three nurses declined to participate in the study and one became the subject of the pilot study. The reasons given by two of the nurses who declined to participate were that they did not wish to discuss their personal and career lives in a study of this nature. The third nurse was not able to participate because of illness in her family. One of the 10 nurses who agreed to be interviewed was age 33 at the time of interview. The decision was made to include her in the study due to the unique perspective she would bring to the understanding of the career process in the early thirties.

The decision to have 10 subjects in the study was a function of a variety of factors. Levinson's study was based on a sample of 40 men, 10 in each of four different occupations. The men in his study were between the ages of 35-50. The age range and sample size for a single occupational group were similar to the sample studied by Levinson. Another major factor related to sample size was that the kind and amount of data required to answer the research questions seemed to necessitate the use of an open ended interview approach to data collection. Other considerations concerning sample size were related to constraints imposed by the time and financial resources of the researcher. A detailed description of the 10 subjects is included at the end of this chapter.

Data Collection

Data for this study were collected primarily through personal open-ended interviews with the nurse-doctorates, supplemented by a questionnaire. Replies to the interviews questions enabled the researcher to identify changes in the life structure of the nurse-doctorates from the time when the subjects were finishing high school until the age at the time of interview. The questionnaire was constructed to gather specific demographic, educational, career and personal information.

The interview process was designed to be retrospective, focusing on the critical choices or decisions that the individual nurse-doctorates had made concerning the various components of their lives. While Levinson's theoretical approach suggested what these components were likely to be, it was critical that each subject be encouraged to talk spontaneously about her personal and career choices. For this reason the use of an extensive questionnaire or rigorous interview schedule was ruled out. Instead, the less structured interview approach used by Levinson was selected for this study. Levinson (1978:15) described his interview as a biographical interview:

> A biographical interview combines aspects of a research interview, a clinical interview and a conversation between friends. It is like a structured research interview in that certain topics must be covered, and the main purpose is research. As in a clinical interview, the interviewer is sensitive to the feelings expressed, and follows the threads of meaning as they lead through diverse topics. Finally, as in a conversation between friends, the relationship is equal and the interviewer is free to respond in terms of his own experiences. Yet each party has a defined role in a sustained work task which imposes its own constraints.

The primary task of the biographical interview is to construct the story of the subject's life as it evolves over the years. In the case of this study the interview was used to construct the story of the career development process of nurse-doctorates and to place their career development process within the context of the other components of their life structure.

One of the major assumptions of qualitative research is that human beings interpret the experiences of their lives in unique and individualized fashions. Reality for a qualitative researcher is a multiple, interrelated, often divergent social construct. Guba and Lincoln (1981:57) stated that these multiple realities are similar to the layers of an onion:

> each layer provides a different perspective of reality, and none can be considered more 'true' than any other. Phenomena do not converge into a single form, a single truth, but diverge into many forms, multiple 'truths'. Moreover, the layers cannot be described or understood in terms of separate independent and dependent variables; rather they are intrically interrelated to form a pattern of 'truth'.

The goal of a qualitative study is to search out and describe these patterns.

The open ended interview is one of the primary approaches to data collection in qualitative research. This type of interview is known by a variety of different labels such as the unstructured interview (Guba and Lincoln, 1981), the elite interview (Dexter, 1970), or the nondirective interview (Rogers, 1951). The purpose of the interview is to permit the subject to describe and explain events, perceptions, and feelings from the individual's perspective. Unlike the structured interview, the format of the open ended interview is nonstandardized, enabling the researcher to gather unique and idiosyncratic data about human experience. Because of the detail sought during the interview, studies using this approach usually have a small sample size.

Flexibility is one of the major strengths of the open ended interview. Questions are framed to fit the particular experiences and knowledge of the subjects. The subject's responses to specific questions can be explored in depth, aiding understanding by the interviewer.

The open ended interview is a specialized form of communication and the effectiveness of the communication is in some measure dependent on the knowledge and skills of the interviewer to foster a climate for communication. Alder (1980:160) defined a communication climate as the social and psychological context in which the interaction occurs. A communication climate is the emotional background of the communication process. Rogers (1962:422) has outlined the basic conditions for establishing a positive climate. These conditions include genuineness by the interviewer, emphathic understanding for the subject's feelings and personal meanings and an unconditional positive regard for the subject. The development of a positive climate for interviewing is facilitated by the use of a wide range of appropriate communication behaviors.

The primary data collection tool in the open ended interview is the researcher. Guba and Lincoln (1981:128) have suggested that the "researcher as instrument" concept is one of the most difficult to understand in qualitative studies. The researcher interviews and observes, categorizes and processes, both verbal and nonverbal data while interacting with the subjects. Combs et al., (1978:6) argue that the strength of the "researcher as instrument" concept lies in the opportunities afforded the researcher to respond and to adapt to the unique circumstances of each subject. One of the weaknesses of the "researcher as instrument" concept is to be found in the factors that undermine reliablity in human communication. The impact of interview bias can be lessened by improving the knowledge and skills of the interviewer and increasing the interviewer's self awareness of how individual values will impact on the interview process. However, the reactivity of the researcher to the interview process cannot be eliminated. The limitations of the open ended interview approach are, in some measure, compensated for by the quality and richness of the data gathered.

Despite its limitations the open ended interview was judged well suited to the purposes of this study. The use of an open ended interview approach to data collection enabled the subjects of this study to describe what they experienced during their career development process and how they interpreted and structured these experiences.

Working from a set of "guidelines for interviewing" prepared by Stewart (1976) for her study of the life structure of a group of women, an equivalent set of guidelines was designed for this study (Appendix 1). The guidelines were prepared for two interviews of two hours duration each. The guidelines were intended to provide an outline of major areas to be covered during the interviews, and were modified as seemed appropriate to meet the needs of each individual subject. All interviews were tape-recorded and a transcript was made following each interview by a secretary experienced in transcribing taped interview data. The time between the interviews was used to transcribe the interview data and to begin to construct the biography of each subject's career and personal life history. The second and in some instances third interviews, were primarily devoted to filling in any missing pieces of data and to following any themes that were overlooked during the previous interviews.

Pilot Study

A preliminary investigation was carried out with one nurse-doctorate. The subject of the pilot study was a few years past age 50. The purpose of selecting an older subject was to enable the researcher to follow the career development process of a nurse-doctorate to the age of 50. The pilot study was done to provide the researcher with an opportunity to try out the procedures for collecting data. During the pilot study the researcher tried various approaches to asking questions to see the kinds of data that would be generated. At this time the interview guidelines were pretested. As a result of the pilot study the guidelines were revised making aspects of the guidelines more open ended in nature. The researcher also found that the length of time for interviewing each subject would be longer than originally anticipated. The subject of the pilot study was asked to provide feedback concerning the researcher's style of interviewing. The feedback was positive.

Procedures

Letters were sent to selected nurse-doctorates in Canada who the researcher believed met the criteria previously outlined, explaining the purpose of the study and requesting their participation. This letter was followed by a telephone call to answer any questions. If the nurse-doctorate was willing to participate a date for the first interview was arranged. The questionnaire was sent before the first interview took place. The purpose of the questionnaire was to gather basic demographic, career and personal information (Appendix 3). The subjects were approached one at a time. One interview was completed before the next one began.

The subjects of the study were all professors in faculties of nursing in Western Canada and in Ontario. The interviews ordinarily took place in the office or home of the subject. At the beginning of the interviews the purpose of the study and the kinds of information required were again discussed with the subject to ensure that the subject was well informed concerning the nature of the interview and the time commitment involved. Each subject signed a consent form (Appendix 4). Each subject was encouraged to tell the story of her career and personal life in the way she felt most comfortable. The interviews lasted from four to five and one half hours and involved two or three interview sessions to complete the data collection.

The researcher's role was to guide and facilitate the interview process to ensure the main aspects of the subject's careers and personal lives were discussed. The researcher tried to foster a positive climate during the interviews in a variety of different ways. At the beginning of the interview the researcher responded as fully as possible to any questions the subjects had concerning the research project. The limits on the subject's time were established and a decision was usually made about the length of each interview session. The interview began when the subject indicated she was ready to proceed. The subject's permission was sought to turn on the tape recorder. During the course of the interview the researcher was attentive to indications of fatigue and suggested a short break in the interview when necessary. The questions asked by the researcher were nonjudgemental and open ended in nature. The primary communication techniques were paraphrasing, perception checking, description of behavior, and description of feelings (Brammer, 1979). While the subject was talking the researcher was engaged in an active listening process. Active listening means attending to both the verbal and nonverbal content of the subject's communication (Brammer, 1979:69). During the course of the interview the subjects occasionally would direct a question to the researcher. These questions were answered as fully and as spontaneously as possible.

At the conclusion of the interview process the subjects were asked whether there was any aspect of their career or personal lives they had expected to have an opportunity to talk about, but had not yet mentioned. If an aspect was mentioned it was pursued by the researcher. The subjects were again informed as to how the information would be handled and that the findings of the study would be made available to them. Each subject was asked if she wished to review the transcripts of the interviews. One subject requested a copy of her transcripts. The subjects were thanked for their participation. Several subjects voluntarily provided the researcher with feedback concerning their reaction to the interview process. The feedback was positive and often included a statement that they had enjoyed the opportunity to reflect on their careers.

All of the interviews were tape recorded and later transcribed. The tapes are stored in a locked filing cabinet in the researcher's home and will be destroyed when the study is completed. Copies of the transcripts were made. These transcripts are stored in a locked filing cabinet at the home of the researcher. At the time of the first interview the subjects were assigned a number and pseudonym. The number and pseudonym were used in all documentation concerning the subject. Table II shows the subjects' number, pseudonym, year of birth, age at interview and the total number of hours each subject was interviewed.

Table II
Characteristics of the Selected Sample

SUBJECT NUMBER	PSEUDONYM	YEAR OF BIRTH	AGE AT INTERVIEW	NUMBER OF INTERVIEWS	TOTAL HOURS INTERVIEWED
1	Kay	1943	37	3	4.5
2	Patty	1940	39	3	4
3	Louise	1931	49	3	5.5
4	Jean	1944	36	3	5
5	Julie	1932	48	3	4.5
6	Ann	1940	40	3	4.5
7	Gail	1935	45	2	4
8	Betty	1947	33	2	4
9	Mary	1935	46	3	5.5
10	Lynn	1936	44	2	4

Ethical Considerations

The purpose of the study and the kind of data required to attain the research objectives were carefully explained to nurse-doctorates who were approached to participate in this research project. The nurse-doctorates were assured that their privacy would be protected in the following ways:

1. Only the researcher and her dissertation supervisors would listen to the tapes. The tapes would be destroyed when the research is complete (in the meantime, the tapes would be stored in a locked filing cabinet at the researcher's home).
2. Where excerpts from individual interviews are used in the report of the study all identifying information such as name, place of residence, place of work or people mentioned will be disguised or withheld.
3. The transcripts of the tapes will be stored in a locked filing cabinet at the home of the researcher.
4. Each subject may, if desired, review the transcript of their interviews for accuracy.
5. During the data analysis phase of the study the researcher may seek assistance in the analysis and interpretation of the data; if and when this assistance occurs, names and other identifying information will be withheld or disguised.
6. Each subject may withdraw from the study at any time.

Data Analysis

Following the completion of the procedures as outlined above a large quantity of interview data was obtained. When the interviews were transcribed the length of most interviews was 170-200 pages of typed data for each subject. The data analysis process was a lengthy and time consuming one. From the onset of data analysis, the researcher realized that she would never exhaust all the possible interpretations of such a large amount of data.

Two conceptual ideas were extremely useful in the data analysis. The first was Levinson's (1978) concept of "choice." Analysis and description of each subject's data began with looking at the choices the nurse-doctorate made throughout her career and her personal life. Levinson (1978:43) observed that to go about describing a person's life, the researcher examines:

> the choices a person makes and how he deals with their consequences. The important choices in adult life have to do with work, family, friendship and love relationships of various kinds, where to live, leisure, involvement in religious, political and community life, immediate and long term goals.

Making significant life choices is a highly individualized and complex matter and does not occur in isolation from the other aspects of the person's life. The meaning and purposes of each choice within the individual life structure must be considered. Levinson (1978:52) points out the choice is often marked by an event that occurs in a specific time frame. However, this event is "embedded within a process of change that ordinarily extends over a span of several years." During the interviews the subjects were encouraged to identify the choices they had made and to describe the meaning, purpose, and consequences of each choice for their lives. The concept of choice facilitated understanding of the changes that occurred in the careers and personal lives of the subjects, in terms of where the choices had come from and what the subjects hoped would be the outcome. Examining the choices the subjects made over time enabled the researcher to gain an understanding of the qualitative and contextual nature of the process of choosing itself.

The second construct was the life structure. The choices an individual makes about how to spend time and energy form the life structure of the individual at that time. From the components of the life structure one or two components have a central place in the life structure at a given point in time. They receive the largest share of the individual's time and energy and have a strong influence on the choices made in other aspects of their lives. The more peripheral components of the individual's life are easier to change as they involve less investment by the individual because they are less crucial to the individual at that time. Change in the life structure could be determined by comparing and contrasting the nurse-doctorate's life structure at different points in her life. The subjects were asked during the interviews to describe how these changes in the life structure occurred and what were the meaning and the consequences of them.

In the initial phase of the data analysis, the events in the lives of the subjects were organized for each year of the subjects' lives. For example, if the subject was interviewed at age 40 the career and personal events in the life of the subject from age 40 back to the time the subject left high school were organized on coding sheets (Appendix 5). The data on the coding sheets were derived from the transcriptions of the interview and from the questionnaire. In addition to the career and personal events, the reasons for the choices and the meaning of the choices were organized alongside the event. Each entry was referenced to enable the researcher to locate the raw data when required. When the coding of the events and the meaning of the events from the subject's perspective was completed, an initial attempt was made to organize the lives of the subjects into different developmental life periods.

This initial identification of developmental periods was accomplished by comparing and contrasting each subject's life structure year by year throughout the adult years. For example, the life structure at age 40 was compared with the life structure at age 37, 38, 39 and 41. This process was facilitated by examining the choices each subject had made concerning the components of the life structure and what happened to the life structure as a result of these choices. The major components of the life structure were work, education, family, friends and religion. Changes in the life structure were identified by examining what the subject was doing in each of the components of her life structure. For the subjects of this study, a change in the life structure was often evidenced by the subject making new choices concerning the work and education components of her life structure. In this study decisions concerning changes in the life structure and the timing of the development periods were based on changes in the events of the subject's life. These events reflected changes in the components of life structure and occurred in an identifiable time frame.

The second phase involved constructing a biography for each period in the life of the subjects. During the writing of the biographies, the researcher often found it necessary to rethink previous decisions about the timing and composition of the developmental periods. As well, in this second phase, tentative descriptions were written concerning (1) the career development process and (2) how the career development interfaced with other major components of the life structure at differing points in the lives of the subjects.

Once biographies had been written for all subjects the third phase of the data analysis began. In the third phase of data analysis, the biographies of the subjects were compared and contrasted for major themes. Similarities and differences in the life structures were identified for each period in the lives of the subjects. Decisions were made concerning the timing of each developmental period and what major events and choices would be part of each period.

The results of these choices provided the basis for identification of the changing nature of various developmental tasks and issues for the women of this study. The results of third phase of the data analysis will be presented in Chapter IV. The biographies of the 10 subjects were used in the presentation of the results. The language of the subjects has been used in the presentation of the results so that the data remain, to a large extent, in the form of self reports from the subjects.

Establishing Trustworthiness of Qualitative Research

Qualitative research, like all other research, is concerned with the scientific rigor of both the data and the interpretations made about the data. Establishing the necessary rigor has been a controversial issue because qualitative studies have been frequently criticized as not being able to meet the traditional criteria of validity and reliability in the quantitative research paradigm. The means for establishing rigor in qualitative research must reflect the basic assumptions of this research paradigm. These assumptions concern multiple realities, phenomena interactivity, and a concern for "thick" description and working hypotheses that will reflect both differences and similarities across changing contexts. This section of the study will be used to present the major issues in establishing trustworthiness of qualitative research and the measures taken in this study to ensure rigor in both the data and the interpretation.

Guba and Lincoln (1981:103) have developed qualitative analogues to the four major criteria of rigor in the quantitative research paradigm. These four major criteria are: (1) truth value; (2) applicablity; (3) consistency; and (4) neutrality. Each of these criteria will be discussed as they apply to this study.

1. Truth value. This criterion is concerned with establishing confidence in the "truth" of the findings of the study for the subjects and for the context in which the study occurred (Guba and Lincoln, 1981:104). In quantitative research studies, establishing truth value means establishing internal validity. In qualitative research, where the researcher deals with multiple realities which exist in the mind of

the subjects, the concern is to test the credibility of the interpretations with the various groups from which the data were gathered.

Guba and Lincoln (1981:105) recommend asking the subjects of the study whether they find the interpretations made of the data to be plausible. These writers (1981:111) argue that member checks are essential to establishing the truth value of qualitative data. In the present study, one of the subjects has been validating all the descriptions and interpretations generated by the researcher. In addition four other subjects have been validating various parts of the data and the interpretation. The purpose of these member checks was twofold: (1) to provide credibility to the interpretations of the data and (2) to ensure that the data presented met the subjects' expectations concerning confidentiality. The feedback from these member checks resulted in some modifications in the descriptive data presented in Chapter IV but not to the interpretation presented. The interpretation was viewed as being plausible by these subjects.

While member checks are essential to establishing credibility of the findings, the qualitative researcher can increase the likelihood of having credible findings by using two other strategies. The first strategy is to limit the impact of invalidating factors. The main invalidating factor in this study concerns the issue of the researcher as the instrument of data collection. In this study the primary approach to gathering the interview data was through the use of open ended questions and perception checks with the subjects as they described the details of their career and personal life histories. Alder (1978:102) argues that the use of these communication strategies increases the likelihood that communication will be accurate.

The second strategy to improve the credibility of the findings of qualitative research concerns establishing a degree of structural corroboration within the data. Eisner (1979:215) states the data are structurally corroborative "when pieces of evidence validate each other, the story holds up, the pieces fit, it makes sense, the facts are consistent." Structural corroboration is established using a technique called triangulation. Guba and Lincoln (1981:106) defined triangulation as exposing a proposition to possibly countervailing evidence drawn from other sources or developed using different methodologies. Triangulation involves combining multiple data sources and reducing the uncertainity of the interpretation. In the present study, triangulation occurred in several ways. Where possible, the data gathered during the open ended interview were compared to the data gathered on the questionnaire. As described in the data analysis section of this study the data gathered from each subject were also compared with the data from the other subjects. Thus testing the interpretations across all subjects was an ongoing part of the data analysis process of this study.

However the main approach used in this study to achieve credibility of the findings was the repeated "observations" of the life structure of each subject year by year. Then these observations were compared and contrasted with the life structure of the other subjects.

2. Applicability. Applicability concerns determining the degree to which the findings of a particular study may have applicability for

other subjects or in other contexts. The criterion of applicability in quantitative research addresses the issue of external validity. The generalizations derived from quantitative research are context free propositions, that is statements that are unchanged from context to context. In qualitative research the propositions are bound to their context. Guba and Lincoln (1981:118) suggested that applicability in qualitative research is the degree of fittingness between the context in which the thick descriptions or working hypotheses were generated and the context to which they are to be applied. If there is a good fit between the context the researcher may assume that a working hypothesis will hold. Determining the fit requires detailed knowledge about both contexts. Therefore, as Bodgam and Biklen (1982:4) explain, the qualitative researcher is concerned not so much with the question of whether the findings are generalizable, but rather with the question as to which other contexts or to which other subjects might the findings be applicable.

Guba and Lincoln (1981:118) have defined working hypotheses as propositions that arise from a particular study and are well suited to the specific context from which they are derived. A thick description is a literal description of the subjects, their circumstances, and their characteristics, which is interpreted to provide meaning to the description. In the present study, the researcher has chosen to rely on the use of thick description to describe the career development process of the nurse-doctorates in this study. These thick descriptions may be used to understand the career development process of other highly educated professional women. However the "fit" between different groups of women must first be assessed.

3. Consistency. The third criterion of rigor is consistency which means determining whether the findings of a study would be consistently repeated if the study were replicated with the same or similar subjects in the same or a similar context. Qualitative research is often criticized on the grounds that the studies are not replicable. The expectation in quantitative research is that there will be consistency in results of the observations made by different researchers of the same situation. The impact of the assumption of multiple realities on the concept of generalizablity also applies to the issues of replicability. Bodgan and Biklen (1982:44) argued that qualitative researchers are concerned with the accuracy and comprehensiveness of their data. Reliability is seen as the fit between what is recorded as data and what actually occurs in the setting under study rather than the literal consistency across different observations.

Guba and Lincoln (1981:122) suggest that if the qualitative researcher wishes to demonstrate the consistency of the study the researcher must be concerned with the auditability of the findings. In this context an audit means that findings of the study will be verified by an independent judge as making sense in view of the data pool obtained and that the data have been appropriately placed in the categories which have been developed. One of the limitations of the present study is that no formal audit of the data or the categories was undertaken by an independent judge. However, one nurse-doctorate who was not in the study has been providing the researcher with feedback concerning the descriptions developed by the present researcher.

Qualitative research studies using an open-ended interview approach to data collection are probably impossible to replicate in the more traditional sense. The skill of the researcher in creating a climate which encourages the subjects to talk about their careers and personal lives is a unique and individualized set of behaviors. This climate is dependent on the interaction between the researcher and the subjects.

4. Neutrality. The fourth criterion of rigor is neutrality. Neutrality concerns establishing the degree to which the findings of a study are a function of the subjects and the conditions of the study and not a function of the bias of the researcher. In quantitative research studies neutrality is commonly referred to as objectivity. The objectivity of the findings of a qualitative research study is amongst the most debated of issues. Of concern are the meanings of the words objectivity and subjectivity. Scriven (1972:95-96) has pointed out that both terms have two separate meanings:

> the terms objective and subjective are always held to be contrasting, but they are widely used to refer to two quite different contracts, which I shall refer to as the quantitative and qualitative senses. In the first of these contrasts, 'subjective' refers to what concerns or occurs to the individual subjects and his experiences, qualities and dispositions, while 'objective' refers to what a number of subjects or judges experience - in short, to phenomena in the public domain. The difference is simply the number of people to whom reference is made, hence the term quantitative. In the second of the two uses, there is a reference to the quality of the testimony or the report of the (putative)

> evidence, and so I call this the 'qualitative' sense. Here, 'subjective' means unreliable, biased or probably biased, a matter of opinion, and 'objective' means reliable, factual, confirmable or confirmed, and so forth.

Scriven goes on to observe that what one individual experiences is not necessarily unreliable, just as what a number of individuals experience is not necessarily reliable. Cook and Reichardt (1979:13) argue that all research methods, both qualitative and quantitative, had degrees of subjectivity.

In qualitative research, like any other inquiry, the objectivity of the data is of critical concern. The data must be factual and confirmable. Guba and Lincoln (1981:125) suggest that the concern in qualitative research studies is for the confirmability of the data, and not the intrinsic objectivity of the methods used to generate the data. The confirmability of the data is established by the same methods used for establishing the credibility of the data, that is by triangulation, persistent observation and member checks.

In addition Guba and Lincoln (1981:126) point out that the concept of confirmability shifts "the burden of proof from the investigator to the information itself." The writers agree that establishing confirmability requires that the researcher report the data in a manner that it can be confirmed from other sources if necessary. In this study, the measures taken to establish credibility - member checks, the using of open ended questions and perception checks in the interview process, and structural corroboration - helped increase the neutrality of the data.

Description of the Subjects of the Study

In this section the reader is introduced to the subjects of the study. Since the purpose of the study is to describe the career development process within the context of the other major aspects of their lives, the subjects will be described in the form of a short narrative focusing on significant aspects of their family of origin and their current life. The data for the introductory narrative were derived primarily from the questionnaire completed by the subjects before the first interview.

Subject 1. Kay was interviewed at age 37. She was born in a small prairie town but lived most of her childhood in a large city. Kay was the first born child in her family and has a sister a few years younger. Kay's father had achieved a high school education and had a managerial role in his work setting. Her mother worked part time as a school teacher while Kay was growing up. Kay described her family's economic situation as being average. Kay is separated from her husband and has a young child. At the time of the first interview Kay was employed as a member of a faculty of nursing in Canada. By the time of the last interview Kay had resigned her job and was moving to the United States where she had accepted a position in a leading American nursing graduate school.

Subject 2. Patty was age 39 at the time of the interviews. She was born in a small city in western Canada. She was the first born child in her family. She has a younger sister. Her father was a detective and during her years at home her mother worked part time as a cashier in a department store. Patty's mother did not complete high school. Patty described her family's economic situation as being average. Patty was married for the first time in her twenties. She has three children from this marriage. She was divorced in her early thirties and has now remarried. Her second husband has a similar educational background and is a self employed professional. Patty is a professor in a faculty of nursing.

Subject 3. Louise was interviewed at age 49. She lived in a small town until the age of 15 when her family moved to a city. She is an only child. Her father was a businessman who had some college education. Her mother worked full-time in the family business while Louise was growing up. Her mother had completed grade nine. Louise described her family's economic circumstance as being average while she was growing up. Louise was first married in her late twenties. The marriage lasted two years. She remarried in her late thirties. She has a young child. Louise's husband is a self employed professional. Louise is a professor in a school of nursing and holds an administrative appointment.

Subject 4. Jean was interviewed at age 36. She was born on the west coast of Canada but grew up in a large prairie city. She was the first born child of her family and has a younger brother. During her youth both Jean's father and mother worked full-time building the family business. One of Jean's grandmothers lived with her family and managed the household. Jean described her family's socio-economic status as being average economically during the years Jean was at home. Jean is single and has lived for several years with a girlfriend. Jean is a professor in a faculty of nursing.

Subject 5. Julie was interviewed at age 48. She was born in a small town in England. Julie was the first born child of her mother's second marriage. She had older siblings from the first marriage and younger siblings from the second marriage. Julie's father had a university education and was involved in research. Her mother did not complete her formal schooling and was a homemaker. Julie described the economic situation of her family as being average while she was growing up. In her twenties Julie moved to Canada. Julie is single and has lived for several years with a girlfriend. Julie is a professor in a faculty of nursing.

Subject 6. Ann was age 40 at the time of the interviews. Ann was born in a city but grew up in a rural environment. She was the first born child of a family of eight children. Both Ann's parents obtained grade eight education. Her father managed a general store and her mother was a housewife and mother. Ann described her family as being poor in her childhood. Being the eldest child, Ann assumed many responsibilities for her brothers and sisters. One of her grandfathers lived with the family as Ann was growing up. Ann has recently been divorced. She now lives in the marital home with her young child. Ann is a university professor in a faculty of nursing.

Subject 7. Gail was interviewed at age 45. She was born and grew up in a city on the west coast of Canada. She is an only child. Gail's father obtained a high school education and worked as a business agent for a transportation company. Her mother attended normal school. During Gail's childhood her mother was a homemaker. Gail described the economic situation of her family as being average. Gail is single and lives alone in a city in eastern Canada. Gail's elderly father lives alone on the west coast. Gail calls him daily and makes frequent visits. She is a professor in a faculty of nursing.

Subject 8. Betty was 33 at the time of the interviews. She was born and raised in a large city in the United States. She was the fourth child of 12 siblings. Both her father and mother had a high school education. Her father was an accountant and her mother was a housewife during Betty's childhood. Betty described her family as poor when she was growing up. Betty assumed responsibilities for the care of younger brothers and sisters. She described her childhood as being often unhappy. Betty moved to Canada in her twenties. She was married in her later twenties to a man with similar educational background. She works as a university professor in a school of nursing and has an administrative appointment.

Subject 9. Mary was interviewed at age 46. She was born in a city in eastern Canada. She is the only child of now elderly parents. Mary's father received his secondary education in Europe and worked as a planner for a manufacturing company. Her mother also obtained her secondary education in Europe and worked as a dressmaker from the family home. Mary described her family as poor during the years Mary lived at home. Mary lives by herself. She is a university professor in a faculty of nursing and has an administrative appointment.

Subject 10. Lynn was interviewed at age 44. She was born and raised in a city in eastern Canada. She was the second child in a family of two children. She has an older brother. Her father completed an undergraduate degree in education and taught school. Her mother completed some high school education and was a housewife during Lynn's childhood. Lynn described her family as having average economic resources. Lynn was single until her later thirties when she established an ongoing male relationship.

Summary

The selected sample consisted of ten women ranging in age (at the time of the interviews) from 33 to 49. All but two were born in Canada. Each subject had an earned Ph.D. with five of the doctorates earned in Canadian universities and the remaining five in the United States. At the time of the interviews all were employed full-time as professors in faculties of nursing in Canada although one subject resigned during the time of the interviews.

Seven of the subjects were first born children with three subjects being only children in the family. One subject was the second born and first daughter; one was the first born daughter of her mother's second marriage; and one was the fourth child and the third daughter.

Seven subjects described their family of origin as average in the economic sense with three subjects stating that their families were poor. Seven subjects grew up in cities while three were from small towns or rural settings.

Three of the fathers had education at a university or college and one had attended a trade school. There were considerable variations in the occupation of the subjects' fathers. Four fathers held professional or managerial positions. The other six occupied positions in trades, social services, and business, while one was self-employed.

Three of the mothers had attended a post secondary institution. Five of the subjects reported their mothers were housewives and mothers during their years at home. The occupations of the other five were reported as seamstress, clerical, teacher and two were self-employed.

At the time of the interviews three of the subjects were married, two were divorced or separated and five had never been married. Four of the subjects had children.

Over the course of their adult lives the subjects were forming lives that in significant ways were different from those of their family of origin, different both in terms of careers and education and in the personal and social structure of their lives. Chapter IV presents the findings and a discussion of the findings.

CHAPTER IV

FINDINGS AND DISCUSSION

Introduction

As stated previously, the purpose of the study was to describe the career development of a selected sample of nurses with earned doctoral degrees. The theoretical framework of the study was derived from Levinson's theory of adult development in early and middle adulthood. Levinson's theory suggests that the life structure of the subjects would be organized around the central components of forming an occupation and their family relationships. At various times in the life structure of the subject, work on the developmental task of forming and modifying an occupation would assume varying degrees of importance in the life structure. Levinson's theory outlines several developmental tasks for each period of adulthood including forming and modifying the Dream, forming and modifying an occupation, forming mentoring relationships and forming friendships and forming and modifying life structure. Among the expected findngs of this study was that the life structure of the subjects would generally change over time and that the changes in the life structure would be age linked in some way.

Levinson's theory suggested a series of alternating stable periods and transition periods. During the process of writing the biographies of the subjects, it became apparent that the life structure of the subjects did seem to progress through qualitatively different periods. The focus of the events and the meanings of the events in the lives of subjects seemed to change over time. Not only did the life structure seem to change over time but the broad outlines of the various periods seemed to be remarkably consistent with the periods outlined in Levinson's theory. The decision was made to describe the evolution of the subject's career within the context of these periods.

The findings and the discussion of findings are presented in this chapter. In the first part of Chapter IV an overview of the changes in the life structure over the time period covered by this study will be presented. The career development process during the periods will be described within the context of the changes in other components of the life structure of the subjects.

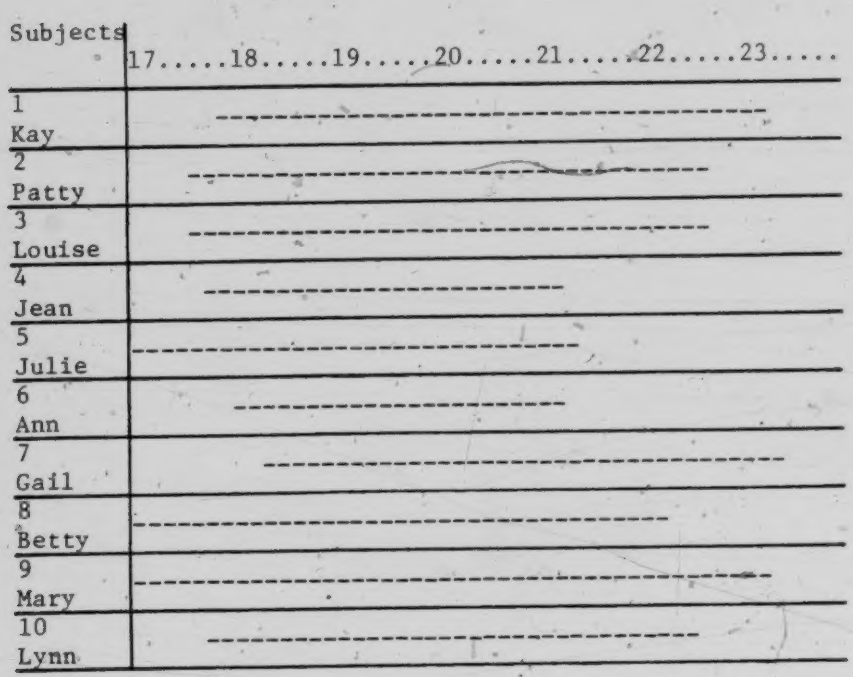
Changes in the Life Structure

As previously stated it became clear while writing of the subject's biographies that the lives of the subject seemed to be progressing through qualitatively different periods. The purpose of this section of the study is to provide a brief overview of these periods as a guide for the reader.

Age 20 Transition

This period began as the subjects were leaving high school around age 17 and 18. The period ended between ages 21 and 23. The period was a time of change as the subjects were making decisions about moving out of their family home, going to a school of nursing and making new friends. Table III shows the variability in length of this period for the 10 subjects.

Table III
Length in Years of the Age 20 Transition

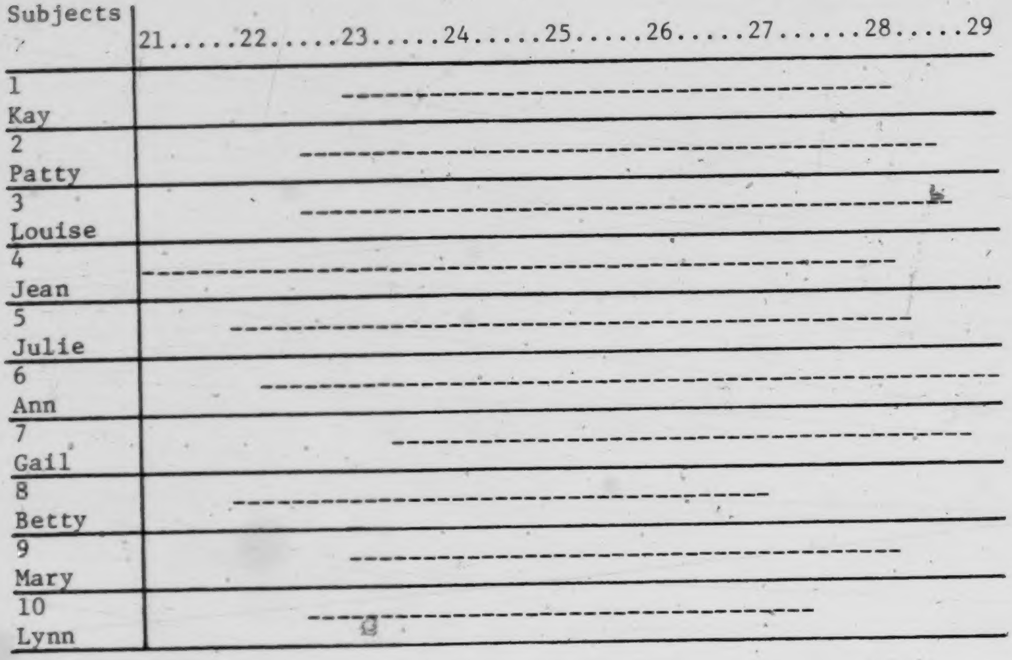


First Life Structure

This period began between the ages of 21 and 23 and lasted until between ages 27 and 29. During this period of time the subjects were working at various nursing positions and continuing their education. The subjects were thinking about marriage, working at their first nursing position, moving away from their home town and looking for direction in their lives. The subjects were forming their first life structure for living in the adult world.

Table IV shows the variability in length of this period for the 10 subjects.

Table IV
Length In Years Of the First Life Structure



Age 30 Transition

The Age 30 Transition began in the late twenties, between age 27 to 29, and lasted until between age 31 and 33. The Age 30 transition was a period of time quite different from the two previous periods. It was a time in which the subjects made fundamental changes in their careers and most particularly in their personal lives. This change process was often stressful. Table V shows the variability in length of years of this period for the subjects.

Table V
Length of Years of the Age 30 Transition

```
Subjects |27.....28......29.....31......32.....33.....
---------+--------------------------------------------
1        |       --------------------------------
Kay      |
---------+--------------------------------------------
2        |           -------------------------------
Patty    |
---------+--------------------------------------------
3        |               -----------------------------
Louise   |
---------+--------------------------------------------
4        |        ------------------------
Jean     |
---------+--------------------------------------------
5        |        ------------------------
Julie    |
---------+--------------------------------------------
6        |                    --------------------
Ann      |
---------+--------------------------------------------
7        |                 ---------------------
Gail     |
---------+--------------------------------------------
8        |  ----------------------
Betty    |
---------+--------------------------------------------
9        |         --------------------------
Mary     |
---------+--------------------------------------------
10       |     ------------------------
Lynn     |
---------+--------------------------------------------
```

Second Life Structure

Following a period of considerable change, the Second Life Structure was a calmer more stable period. The period began in the early thirties in a range of 31 to 33 years and ending between 39 and 40 years of age. During the first part of the Second Life Structure the subjects were pursuing the choices established at the end of the Age 30 Transition. The choices usually focused on career goals and/or family needs. In the middle to later thirties, the lives of the subjects took on a much more serious tone. There were unfinished aspects of their lives that had to be put in place and/or other aspects that had to be set aside. This part of the Second Life Structure is called Unfinished Business. Table VI shows the variability in length of years of this period.

Table VI
Length in Years of the Second Life Structure

Subjects	31	32	33	34	35	36	37	38	39	40
1 Kay			----	----	----	----	ongoing			
2 Patty				----	----	----	----	----	----	ongoing
3 Louise				----	----	----	----	----	----	
4 Jean		----	----	----	----	ongoing				
5 Julie		----	----	----	----	----	----	----	----	
6 Ann			----	----	----	----	----	----	----	
7 Gail			----	----	----	----	----	----	----	
8 Betty	----	----	ongoing							
9 Mary			----	----	----	----	----	----	----	----
10 Lynn		----	----	----	----	----	----	----	----	

Age 40 Transition

The Age 40 Transition began in the early forties between the ages of 39 and 40, and lasted until about age 45. During the Age 40 Transition the subjects were involved in a process of evaluating past choices and making new decisions which would create a new life structure. This period of time was a highly productive, usually work centered transitional time. The subjects were increasing independent autonomous individuals. Table VII shows the variability in length of years of this period.

Table VII
Length in Years of the Age 40 Transition

Subjects	39.....40.....41.....42.....43.....44.....45.....46
1 Kay	
2 Patty	
3 Louise	----------------------------------
4 Jean	
5 Julie	---
6 Ann	----ongoing
7 Gail	---ongoing
8 Betty	
9 Mary	--
10 Lynn	-------------------------------------

Third Life Structure

The data for the Third Life Structure are extremely sketchy. This period seemed to begin between the age of 44 and 46. During the period of time for which data were available there was evidence that the subjects had formed or were beginning to form a new life structure with their careers as a major component. Table VIII shows the variability in length of years of this period.

Table VIII
Length in Years of the Third Life Structure

Subjects	44.....45.....46.....47.....48.....49.....Ongoing
1 Kay	------
2 Patty	
3 Louise	---ongoing
4 Jean	
5 Julie	---------------------ongoing
6 Ann	
7 Gail	
8 Betty	
9 Mary	--ongoing
10 Lynn	

On the basis of the data gathered for this study, the lives of the subjects did seem to progress through periods of change and stability that seemed to be in some measure age linked. During the periods of change, Age 20 Transition, Age 30 Transition and Age 40 Transition, the subjects were involved in rearranging the components of their lives. At times these transitional periods were quite stressful for the subjects. As will be described later in this chapter, the transitional periods involved a combination of internal psychological needs for change and external or environmental disruptions in the lives of subjects necessitating change. After each transitional period, a more stable time occurred in which the subjects worked on new goals or recommit themselves to previous choices.

The periods in the lives of the subjects of this study, at least in their outward nature, seemed markedly consistent with the periods identified in Levinson's theory. However, the tasks the subjects were involved with and the issues of concern to the subjects often differed from Levinson's theory. For example, the issues occurring at the Age 30 Transition for the women of this study were in some ways similar to the issues which were identified at the Midlife Transition for the men of Levinson's study.

The names of periods identified in this study are labelled differently from the names used by Levinson to reflect the unique characteristics of the adult developmental process occurring in the lives of the women of this study.

The remainder of this chapter will describe these periods in the lives of the subjects, focusing primarily on the process of forming and modifying their nursing careers. The other central components in the life structure of the subjects will also be described as these components interrelate in direct and often significant ways with the career decisions of the subjects.

The description of the periods in the lives of the subjects has been as much as possible told in the words of the subjects themselves. Any information, such as names of people, cities, universities, hospitals and other similar identification has been altered or deleted to ensure the anonymity of the subjects. Care was taken to ensure that these changes did not alter the story of the subjects' lives as they told it.

Periods in the Careers and Personal Lives of the Subjects

Age 20 Transition

Age 20 Transition seemed to begin for all subjects around age 17/18 lasting an average of five to six years and ending on average at 22/23 years. Eight subjects did well in high school achieving university entrance grades. Two subjects, Julie and Betty, experienced academic difficulties in high school and for Betty, her academic difficulties continued well into her baccalaureate nursing education program.

Each subject left high school and directly entered some form of post secondary education. All subjects, except one, stated that their parents created expectations that they would continue their education beyond high school. Louise, an only child, grew up in a small prairie town; both her parents worked outside the home. As Louise approached high school age her parents moved to a larger center to provide Louise with better schooling opportunities. Louise stated:

> There was never any doubt in my mind that my father and mother expected me to go through school. We took that for granted and really the only choice I had was what I wanted to be when I finished.

Ann who was the oldest child in a large rural family, was required to assume heavy responsibilities for the care of younger siblings. Ann's mother would free her from these responsibilities so she could study or do homework during high school. Ann stated:

> Father wanted to be a doctor and he has a long history related to that. It's a very painful

> memory for him. He had aspirations that he wasn't going to realize due to the depression and then the war. So too with my mother. And it was always understood that - there was never any question in the family about whether or not you would go to school.

Although their parents created expectations concerning further education the choice of what education or occupation was a matter left open to choice. Choosing turned out to be a complex process. Their choice was related to perceptions of their options and to their work on other developmental tasks. Often choosing to enter a school of nursing was a way for the subject to balance a variety of factors. The choice also had a tentative quality to it.

Jean grew up in a city in western Canada. Both her parents worked outside the home struggling to build the family business. Going to school and doing well was one of the ways Jean and her younger brother obtained parental approval. In grade 9 she wanted to be a psychologist. But by the time she was completing high school she remembered thinking:

> I didn't want to go off and do what all my friends were doing, and what they were doing was all going to university, and so I chose to go to nursing, but nursing was very appealing to me, in many aspects. I really liked the idea of helping people.
>
> The other thing that was a plus for it was because if I stayed in (city) and went to university, I'd have to live at home, but if I could go to nursing my family would think that was an okay way to get out of the house.

Jean fantasized about going away to school in the United States:

> ... but that was out of the question for me because my family at that time couldn't afford it. I could go into nursing and it wasn't going to cost my parents very much money.

She enrolled in (city) General Hospital diploma nursing program "mainly because it was in town."

Seven of the subjects did not experience the decision to enter a school of nursing as a choice. Going into nursing seemed more like the only option available to them at the time. Nursing was seen as the only option for these subjects for several, often overlapping, reasons. These reasons included: (1) lack of financial resources; (2) only traditional female occupations considered; (3) not seeing self as a risk taker; (4) the need to be independent of family; (5) nursing was a substitute for a religious calling and (6) academic failure.

Julie stated, "I went into nursing because having failed high school I couldn't get into university." She had been attending a private school until age 16, when her parents brought her home because she failed her year. She described herself as "one of those kids that got distinction in the subjects I liked and failed those I didn't ..." She repeated the year in a school near her home but still did not have university entrance. She was interested in physical education and drama but those career choices were ruled out because "I wasn't quite at the standard of being good enough." She stayed at home for the next six months.

> So by this stage I thought to heck with you, I'm going to be independent and go into nursing because that's something nobody has to pay for, and by that stage I realized that I had two younger brothers who had to be kept in school and money wasn't limitless .... I wasn't committed to being a nurse .... It was convenient ....

This theme of perceived lack of viable options occurs in six other subjects. Lynn observed:

> I don't remember ever considering anything major other than the traditional women's occupations of teacher or nurse in my adolescence .... I did well in school and I did summer jobs in the hospital .... I don't remember being seriously committed to the idea of being a nurse; it just seemed to be the thing to do.

Ann did not want to be a nurse. She wanted to go to university but her parents decided that their limited financial resources would go to her brother. She stated:

> That left me deciding what - and I didn't want to be a secretary, so I went into nursing, largely because it seemed to be one way that I could educate myself and not impose any kind of economic strain on the family. It seemed to me the only option. It wasn't really a choice.

For three of the subjects the idea of becoming a nurse originated in early childhood experiences. These experiences were with nurses and/or sickness. Gail stated that she became interested in the field of nursing when at a summer camp. The camp nurse was "a pleasant person that I could get along with well." During her high school years she thought about getting married and having children. She did not plan to have a career and vacillated between going into nursing or teaching. During her last year of high school, at age 17, she was ill with rheumatic fever and spent "a great deal of time in bed and I studied all the time." Gail graduated at the top of the high school class. One of her friends planned to enter a hospital diploma program and she was thinking of doing the same. Gail stated:

> Since neither of my parents had finished a university degree or anything, I really hadn't considered a university degree at that point

> ... but by the end of Grade 12 I had decided to take the university nursing program.

Similarly, Mary was sick on and off as a child. She spent a lot of time at home being looked after by her mother and had been hospitalized occasionally. She stated:

> The idea of helping somebody else or looking after somebody who was sick was my initial orientation to nursing. That sort of persisted ... and there was really no other career that was of interest to me all through high school.

Eight of the subjects described their experiences of being a student nurse in decidedly ambivalent ways. They enjoyed their contact with the patients but often felt they were given responsibilities beyond their knowledge and experience. The programs were described as not very academically challenging and often the discipline was harsh. Mary observed that she "wasn't too excited about a lot of the rote learning" and she still remembers "being reamed out for having made a bed from the wrong side." She felt "a lot of satisfaction in providing comfort to her patients." Kay also enjoyed working with her patients but felt she was required to take a lot of responsibility she was not prepared to handle. She stated:

> I remember being scared a lot of the time .... The good parts are that you learn to be independent and stand on your own two feet, but the bad parts are that there was nobody around to help you ....

However, for Betty, her experiences as a student nurse contributed to her sense of self as a competent individual. She lived alone in a small apartment and was working 32 hours a week in a grocery store to support herself and pay her school expenses. Betty had experienced difficulties living in her parents' home and had moved out. Working with her at the grocery store was a girlfriend from high school who also "had an awful home life." Betty observed that "you couldn't feel too sorry for yourself because she was doing it too." Betty still corresponds with this girlfriend. During the first two years of her baccalaureate program she was in academic difficulty. She described herself as having "a quick eye to see what people needed clinically" but was not able to pass the tests. She stated that she had got the idea of herself "as not being okay through my family." Through her work with patients and her work in the grocery store Betty gradually learned that she was worthwhile and could make a contribution.

> We had cardiac arrests and all those dramatic things you see, and I could contribute and you know that's a profound experience .... Meanwhile I'm doing okay at the grocery store too ... so through my work I learned that I was okay. Then school kicked in after that.

She was supported and encouraged by two nursing professors who had master's degrees and were "incredible clinicians" and who had taken a special interest in Betty. They set performance standards for her and supported her efforts to obtain these standards.

Eight of the 10 subjects began their post secondary education in a school of nursing or university in their home town. The other two subjects attended a school in a nearby city. During their nursing programs most subjects maintained frequent and close contact with their families. The subjects went home frequently on their days off and after the day's work in the hospital. Although eight of 10 of the subjects spent at least some time living in a nurses' residence during this period, half of the subjects moved back to their parental home after their initial nursing education program was completed and they began work for the first time as a staff nurse. While the majority of the subjects were in the process of forming life structures in ways considerably different from that of their parents, parental approval and support seemed important to the subjects. Betty was the only subject that experienced a break with her family during these early school years. She packed her belongings up in the middle of the night and moved into an apartment.

While maintaining their relationship with their families, the subjects were involved in establishing new female friendships with their classmates. These new friends, like the old friends from high school, seemed to influence decision making during this period and were an important form of support. Some of these friendships would be maintained for many years. At the same time, four of the subjects recognized differences between themselves and their other female classmates. Jean stated:

> I met some wonderful friends that I still keep in touch with, but I felt that a lot of my classmates were very nice people but weren't very bright. There were a lot of girls that really struggled ....

This difference was not identified by subjects enrolled in baccalaureate programs.

During these years, most subjects did not have close and/or frequent friendships with men. Five subjects had occasional boyfriends. At the end of the Age 20 Transition none of the subjects were married, although Kay would marry early in the next stage of her life. Ann met the man she would eventually marry but decided against marriage at this point because she wanted to go to university and had not resolved for herself the issues concerning the use of birth control. Near the end of the Age 20 Transition Patty met the man she would marry in the coming years. The two other subjects terminated their steady male relationships.

During the Age 20 Transition the lives of the subjects were primarily structured around their nursing education, their friends and to a lesser degree, their families. Four subjects were also involved in sorting out the place of religion in their lives.

Jean grew up in a family she described as "not being very religious" but she and her brother attended church every Sunday. Jean became disillusioned with the church. "I really didn't feel that they were giving me some answers to some questions that I was starting to have as an adolescent." During her nursing program she started "shopping around a bit, attending various churches and became even more disillusioned." At the same time Jean found herself "exploring it" through her learning assignments at school:

> I kept exploring it, and then when I finished nursing and went and worked and then went to university, we had to take some sociology courses and what do I take but Sociology of Religion.

During the Age 20 Transition, Jean stated she was searching for a church to which she could feel committed. This search of Jean's would continue for several years.

As the Age 20 Transition was drawing to a close the subjects began making decisions about how the next stage of their lives would be structured. These decisions involved defining their career interests more clearly and the continuing process of separating from their families and becoming more independent.

For six subjects initiating change involved making decisions about continuing their nursing education - five subjects enrolled in university programs and one subject entered midwifery. Three other subjects were completing a basic baccalaureate program.

During the time Ann was completing her hospital diploma program her brother was in the same city attending university. She was aware of a contrast between the life she was leading and her brother's life at the university. She knew that:

> I was putting in time and that it would only be a matter of time before I too would be able to go to university and pursue some of the things he was pursuing.

Her decision as to the choice of university was influenced by a nursing instructor who had a degree from Pearson University. Ann saw this instructor as being different from her other instructors:

> I was intrigued by her because here was someone who was asking questions. I used to just love to go to her classes. At that time I decided I was going to Pearson.

After Ann finished her diploma she worked for one year as a staff nurse in the hospital where she trained. She and her brother shared a small apartment. She was helping her brother financially and saving money for university. The decision to go to Pearson was complicated by the fact that her mother did not want her to go. Her mother was expecting a child and she wanted Ann to stay and help the family.

> It really marked a turning point in my life .... It was a question of do I wait or do I go. I decided to go .... It was really a cutting of the umbilical cord .... I was

> really aware of saying no to my mother and she accepted it. That surprised me.

Ann moved across the country and entered Pearson's post-R.N. baccalaureate nursing program a few months before her twenty-second birthday.

In Betty's case, she finished her baccalaureate degree and applied directly to a master's of nursing program. She stated that continuing her education was not a conscious decision.

> The people I ran around with in college were going to school and that became a thing you talked about in your senior year, so I thought I'd go too. The same way I made the decision out of high school. So I seemed to always run with the crowd ... so I thought, I'd go too.

She applied to six graduate schools and was turned down by all of them. She wrote one of the schools a personal letter requesting admission:

> Lo and behold I get a letter back saying we accept you after they'd turned me down .... It was like a dream .... I didn't investigate the program.

During the same time, Betty was in the process of deciding whether or not to marry. She said she wanted to get married primarily because she was very lonely. In the end she decided against marriage and a month or two before her twenty-second birthday, Betty packed her belongings into her car and headed for a graduate school a thousand miles from her home town.

For three subjects the decision making process at the end of the Age 20 Transition revolved around their growing interest in teaching nursing as a future career goal.

Mary finished her hospital diploma program at age 22. She accepted a position as a staff nurse in the same hospital and was living at home with her parents. She kept finding herself teaching the student nurses who were coming to her ward for clinical practice.

> I kept finding myself teaching students or helping them and loving it. And that I guess really directed me toward moving into teaching.

After working one year as a staff nurse, Mary enrolled in a post diploma certificate program in nursing education at a university two hundred miles away from her home town.

Similarly Jean stated that there was no question in her mind that the area she enjoyed the most in her diploma nursing program was psychiatric nursing:

> I knew that was the area I wanted to do something with. I also knew by the time I finished that I very much wanted to do some teaching but that would mean more education.

She decided that she would work on a psychiatric unit so she could be sure if "I really liked psychiatry that well." Jean and a girlfriend she had been close to during her educational program moved to the west coast of Canada.

> I worked on that psychiatric unit for a year and loved it. It was my first time away from the family, out on my own in our own apartment. I thought that was really neat.

For the subjects who enrolled in a basic baccalaureate degree, the Age 20 Transition usually ended with the completion of the degree. During the four or five years required to complete their degree the lives of these subjects focused on their studies at the university and on their families and friends. Near the end of their educational program the subjects were making plans similar to the other subjects. Kay was planning to marry and had accepted a teaching position in a diploma school of nursing. Betty applied for admission to a graduate school. Two other subjects, Lynn and Gail were beginning their first staff nursing positions.

During her final year at university Lynn had been awarded a community nursing fellowship and:

> In return for it you agree to work a year with (agency). It seemed reasonable and I really didn't put a lot of thought into that decision, it just seemed like 'why not.'

She completed her baccalaureate degree in August a few months before her twenty-second birthday. She continued living at home with her family and began working in public health nursing.

For one subject, Patty, the decision making process near the end of the Age 20 Transition concerned whether or not she would remain in nursing. Patty had thought about being a nurse since early adolescence. She stated she was "really happy" with her educational program and she "loved residence life." After she completed her diploma program she accepted a position in a children's hospital and was living at home with her family. Shortly after graduation she started taking liberal arts courses at the university night school. She had enjoyed these subjects in high school and missed not having them during her nursing program.

> When I was in training my whole time was really very busy with nursing, with friends, with residence, so I didn't have a lot of time for anything else .... Once I was through with the turmoil of residence, then I was able to look at just what nursing was as a job.

At age 21, after about six months as a staff nurse, Patty joined an American airline as a stewardess and moved to the United States. She hated the job and she was lonesome for her friends. She returned home after two and one half months.

> I was lonesome for all my friends back in (city) so I didn't stay there. I went back to my ward at Children's and people thought I'd been away on vacation or something. They didn't realize I'd interrupted my entire life and moved everything, souvenirs, everything. I was starting a whole new life, and then I came back.

Though Patty was not happy with hospital nursing there was another reason she joined the airline:

> I really wanted to get away from my mother. I did not like her at all, we just weren't getting along and I was living at home.

Although Patty worked in the hospital for another two years, she remained dissatisfied with nursing work. During this time she continued to take university courses. She spent a lot of time with her friends and with the man she would eventually marry.

At the end of the Age 20 Transition all subjects were pursuing their careers in nursing. For one subject, Patty, nursing as a career was not a satisfying experience.

Comparison with Levinson's Theory

In Levinson's theoretical framework, the period between age 17/18 to age 22/23 has two major focuses: (1) beginning to question and evaluate the preadult life structure. The major components of this task include separating from the family of origin, becoming less financially dependent, creating new living arrangements and reducing emotional dependency on parents; (2) making and testing out preliminary decisions about self in the adult world. The major components of this task include exploring various educational and work possibilities, and establishing new relationships and new roles for self.

While completing high school all of the subjects were making initial decisions about pursuing further education. Often the decision to continue their schooling reflected a dominant parental value. The decision to enter nursing education seemed to have a tentative, uncertain quality. The decision was one of low risk and represented little investment of self by the subjects. However, as the Age 20 Transition was nearing the end, the subjects were involved in a process of defining their career interests in nursing more specifically. They spent some time and energy examining alternative courses of action.

During this period of time the subjects were also involved in a process of changing the nature of their relationship with their parents. For most subjects this involved moving out of the parental home for some period of time and becoming less financially dependent on their parents. However, the subjects retained considerable emotional dependency on their parents, particularly their mother. For most subjects psychological separation from their mother was only just beginning.

The lives of the subjects during the Age 20 Transition were primarily structured around their education in nursing and their female friends with four subjects questioning the nature and place of the religious values in their lives. Decision making during this period of their lives was often relational in the sense that the actions and expectations of others influenced their choices. Two subjects identified professional nursing role models that influenced their career decision making. For the other eight subjects, adult role models other than their own parents were noticeably absent from the data. The primary influencers were female friends. Decisions about where to go to school or where to live or work after the nursing educational program was completed were made with these female friends. The timing of the Age 20 Transition seems to be consistent with the timing of the Early Adult Transition period in Levinson's theory. The subjects seemed to be involved primarily with separating themselves from their families and completing their initial nursing education.

First Life Structure

The First Life Structure usually began around the age of 22/23 lasting an average of five or six years and ending on average at 28/29 years. During this period of their lives all of the subjects were involved in a process of exploring a variety of work and educational alternatives. This process usually involved working for a year or two, then changing jobs or going back to school for a year or two, followed by another change. The subjects seemed to be searching for an occupational role in nursing that was best suited to their interests and abilities. Each new position or educational undertaking seemed to facilitate the development of a clearer view of career possibilities by eliminating career choices that did not seem to work out well and by seeking out other opportunities that might. This process of exploring alternatives continued to have a tentative quality about it has shown by the ease with which change occurred.

Lynn finished her baccalaureate program a few months before her twenty-second birthday. Having accepted a community nursing scholarship, she had committed herself to a year of work in community health nursing. She described her working environment as comfortable and her supervisor as a person who supported and encouraged her to try new approaches to community health nursing practice. During this time Lynn was living at home with parents and she described herself as a "happy go lucky" person. After working in community nursing for two years, Lynn decided that she would go back to hospital nursing:

> I don't know what made me decide that. There weren't an awful lot of choices in those days and it seemed to be that being out in a district, some of the things that I had learned to do and to cope with nursing in hospital situations were deteriorating and I was forgetting and anyway I had no great motivation to work in the community with families.

Lynn stated that she "had in her head" that she would like to know more about pediatrics. She applied for a staff nurse position in a large children's hospital in a nearby city but was offered a teaching position.

> I just wanted to learn how to nurse kids and they wanted me to teach other people how to nurse kids and I didn't know anything about pediatrics so how could I teach it?

She did not accept the teaching position but instead explored the possibilities of working in pediatrics in her hometown hospital. She experienced the same kind of pressure to teach.

> And there I succumbed to the pressure. I think I might have been a little flattered by the fact that everybody thought I could do this marvelous teaching. I didn't know anything about it. But I agreed to do it.

She was assigned to teach with her former teacher who was a "super competent clinician." Lynn "always felt a little bit like a student and not quite a peer or a colleague" during this period of time. She was not sure of herself in this new role and spent a lot of time preparing classes.

> I don't think I ever really felt clinically competent .... I certainly became competent in the ordinary run of the mill things, I never really felt that I could rest on my laurels, I always felt that I had to know more.

During this period of time Lynn had her first opportunity to work on the school of nursing curriculum committee.

> I enjoyed that aspect of the experience more than the actual clinical teaching.

She felt good working on the curriculum. She knew as much as anybody and more than a lot of her fellow teachers.

Lynn worked as a pediatric nursing teacher for a little more than two years. At age 27 she decided to go back to school.

> I was looking for a change. I don't think I was unhappy, I think I was probably enjoying myself as much as anybody, but I just did not want to do what I was doing for that much longer. And so I went back to school.

Lynn gained admission to a master's program on the west coast of the United States. The program of studies included a clinical nursing component and an educational component.

> It was there that I really got into curriculum and to a lesser degree, instruction, mostly program development and curriculum development. I don't remember a great deal about the clinical portion of the program.

Lynn's interest and growing expertise in curriculum and program development would be an increasingly prominent aspect of her career focus in the coming years.

A similar process of tentatively exploring and testing the alternatives can be seen in Mary's career during this period of her life. In addition, Mary, like Lynn, was gradually separating herself from her family and from her hometown hospital. When all of the subjects are considered this process of separation often involved accepting a position or going to university in locations distant from the subject's hometown.

Mary worked for one year after graduation as a staff nurse in the hospital where she obtained her nursing diploma. During this year she found herself working with student nurses and enjoying opportunities to teach. She enrolled in a one year post R.N. certificate program at a university in a large metropolitian city. After completing this program she returned to her home school and taught nursing for two years. After these two years of teaching experience she returned to the university to complete her baccalaureate degree in nursing.

> I saw a need for a richer base for myself of learning and education, and decided that I ... maybe not fully consciously ... but somewhere, at some level of consciousness realized I wanted to be able to teach somewhere else too.

Mary wanted to be able to teach nursing in settings other than the diploma school of nursing where she herself was educated and she knew she "couldn't get into the job market without a bachelor's degree." After two more years of university, at age 28 Mary finished her degree and accepted a teaching postion in a university school of nursing in western Canada.

In the early part of the First Life Structure six of the subjects had decided to continue their education. One subject was completing a master's degree in nursing, four subjects were enrolled in post-R.N. baccalaureate degree programs and one subject was in midwifery. Continuing their education often required that the subjects move away from their hometowns and away from their families and friends. For the most part the subjects described these new educational experiences in positive terms even though aspects of the experience had been uncomfortable. These new educational experiences provided the subjects with opportunities to explore a particular aspect of nursing in more detail. Not only were the subjects exploring career activities but the educational experience enabled the subjects to increase their knowledge about themselves and their capacities and to develop an increasing sense of themselves as independent, competent people. During these educational programs the subjects were supported primarily by female friends. At the same time as the subjects were going to school they were continuing their efforts to distance themselves from the influence of their parents and were examining some predominant parental values, particularly in the area of religious teachings.

Ann had moved across the country to enter a post-R.N. baccalaureate nursing program in Quebec. Being at university in Quebec was a whole new cultural and educational experience for Ann.

> It was the time in ... of the FLQ - you would wake up in the morning and come out and find written in paint on the wall of your apartment 'Quebec Libre', where people would refuse to serve you if you didn't speak French, where we were not allowed on campus at night, where mailboxes were blown up outside your door.

Ann observed that in this new cultural environment she "felt like a country kid" who had "wiped off her boots and gone to the big city." The cultural adjustment for Ann was far greater than the educational adjustment. Ann loved the university. She felt the teachers "epitomized what an educated, professional woman should be." Ann was impressed with the interest and concern many of the professors showed for the students, "how much they wanted to play a part in how you were thinking and how you were doing."

> Dr. Wright taught us a course in nursing trends, and here was someone who had a grasp of Canada and had a sense of the profession and how it related to other professions, and when you went to Dr. Wright's class and listened to her talk you just felt privileged, really privileged, to be in her class.

However, Ann found the first few weeks at university a frightening experience. Although she had worked for a year as a staff nurse in pediatrics, at university she was enrolled in the mental health stream of the nursing program.

Her interest in mental health was influenced in part by a previous psychiatric nursing instructor and partly by her student experiences in a mental hospital where she felt there had to be ways to improve the care of the mentally ill.

> I knew it had to be different, it could be different and decided that I would see how it could be different and try and do something.

She was the youngest member of her class and the least experienced and, in relation to her classmates, she found: "I couldn't even understand what they were taking about in dicussions, never mind playing a part in it." She was not sure she liked psychiatric nursing. She considered leaving or transferring into the pediatric program.

> That was a crisis for me. I was frightened by the students in the class, I didn't understand, I didn't really feel part of it ... and I wasn't really sure that I wanted to be part of that and I was really floundering and overwhelmed. I didn't know my way around campus, I didn't know my way around Montreal. I was away from my family. And just the whole thing lumped together really left me feeling totally overwhelmed .... I had committed myself to two years in a program that maybe I didn't want to be in ....

Ann made an appointment to talk with the professor in charge of mental health nursing:

> I remember leaving at quarter after five, and it was dark out and walking home in tears because she simply didn't understand what I was telling her ... no advice, no guidance, and I got mad. The tears stopped and I stayed.

A few weeks later Ann and her classmates were required to participate in an encounter group experience.

> We arrived in the room, the instructor wasn't there, and instead sitting in the chair was a Tavistock Trainer .... We hadn't been told about or asked about, and I freaked out. I just freaked out .... I was beside myself that this should be happening to us .... Afterwards the instructor came to talk to me because she thought I was losing my marbles.... I think the class really viewed me as losing my marbles ..... I experienced myself as someone to be afraid of .... I learned that a trained person using a particular modus operadi that he considered helpful might indeed hurt somebody.

After the group experience, one of her classmates came to her assistance.

> That was the beginning of a friendship that lasted and still lasts - there was a person who was 10 years older than I - here was somebody I could talk with, I could study

> with, someone who understood and someone who said 'Now Ann, this is the way it is'.

Ann's new friend provided counsel and moral support and helped Ann to develop sensitivity and control in interpersonal situations. Ann was beginning to develop a set of values concerning how students should be taught.

During the years Ann was at university she was also sorting out and beginning to change some of her religious views. Ann graduated with distinction from her baccalaureate program. She was surprised at how well she had done at the university because "this feedback just didn't quite fit" with her previous ideas about her intellectual abilities. At age 24, after completing her baccalaureate degree, Ann returned to her hometown hospital school of nursing to a teaching position in mental health nursing.

For Betty her new educational program reinforced her "love" of clinical nursing but when she finished her program she had problems finding a suitable nursing position. She had been accepted for admission to a master's in nursing program on the eastern seaboard of the United States. She packed her belongings in her car and in a rented U-Haul and with $250. in cash, she left her hometown. Half way to her destination the car broke down.

> I was quite distressed, so much so that I can hardly remember some of what happened. A couple stopped .... I was worried about how to get this U-Haul towed in so the police wouldn't be after me, so I gave them the car and all the holdings that were in the U-Haul and kept my suitcase and used some of the $250 to fly on to (city).

Almost out of money, Betty considered "turning myself in to the Sisters of Charity" but then she got her "graduate housing and they agreed not to ask for rent." She obtained part time staff nursing positions in two hospitals where she worked after classes. After experiencing so much difficulty in her baccalaureate program, Betty now found that:

> School was so easy, I couldn't believe they thought this was hard. I remember my advisor saying 'you can't take all these courses.' They knew that I was a high risk person so they were worried that I would flunk out, but I just sailed through everything.

Betty felt that the major influence of her master's program were the classes in physiology. However, her exposure to the health care system while working as a staff nurse affected her more than the graduate school. She found the nursing staff and the technology more advanced than in her hometown hospital.

During this time Betty was very lonely.

> Everybody else was flying back to visit their families and I didn't want to see my family.

To deal with the loneliness Betty worked at her two jobs and went to parties.

> To support myself, to get the money to have parties. Party, party, I never partied so much in my life. Now that I have more insight into myself, I think that I was acting out a certain agitated depression.

She finished her master's program just before her 24th birthday. She could not get a job as a clinical specialist in the hospitals near the graduate school.

> I had about five or six interviews but you can imagine who was going to hire me straight out of school, so I thought I'm not going to get a job here so I'm going to have to go some place

> small, get established - so then - where is small? I knew it wasn't going to be home.

One of Betty's classmates told her about a university in central Canada that was looking for master's prepared nursing faculty. She applied and was offered a faculty position with the school of nursing. In order that she remain involved in clinical nursing, Betty worked Friday night and Saturday as a staff nurse on the critical care units of the local teaching hospital.

For Julie the decision to undertake training in midwifery "was probably the turning point in my existence." She described her experiences as a diploma nursing student as those of survival. She was frequently being disciplined for some misdemeanor. When she finished her diploma, the hospital gave her a job "in the operating room on the grounds that this was the area where I could do the least damage." After a few months, at age 21 years, Julie left the hospital and entered a program for midwives.

> I suddenly found I could indeed be a nurse, that I was indeed competent, that there was a challenge in nursing, there was a need to think. It was a whole different atmosphere. The nurses in the program were treated as registered nurses not as students.

Julie described the next three years as some of her most successful in clinical nursing.

The four other subjects had decided to work in the early years of the First Life Structure. Three subjects were working as staff nurses in hospital or community nursing settings and one subject accepted a teaching position in a diploma school of nursing. These work experiences seemed to serve a function similar to the education experiences of the other six subjects - that is, exploring the possibilities for them. The work experiences provided a setting in which the subjects could test their knowledge and skills and find out which possibilities were satisfying to them. The testing out of possibilities helped the subjects gain a stronger sense of themselves as competent, independent people.

Gail completed a basic baccalaureate degree program near her twenty-third birthday. She and two friends from her class rented an apartment together and sought out staff nurse positions at a large general hospital. The hospital wanted Gail to work as a clinical instructor but Gail wanted to nurse patients.

> They were so desperate for clinical instructors in their diploma program, they wanted me to take a position as a clinical instructor and I said 'No, I wanted to nurse.' I didn't want to be a clinical instructor. I felt I did not have enough experience in the subspecialities in surgery to teach.

Gail requested a six month rotation in the surgical sub-specialities. After this rotation she accepted a position as an assistant head nurse and in a short time was promoted to head nurse on another surgical unit. Part of her responsibilities involved working with senior nursing students in a unit administration experience.

> It was kind of a pilot project that the hospital tried out, so they were still wanting me to do some teaching, but it was in a way that I enjoyed doing because I was really working from the patient base.

Gail stayed with the hospital for three years and then began looking for a new challenge.

> I'd sort of worked myself out of a job because I had five team leaders who could do what I was doing just as well.

She accepted a position as a head nurse in a progressive care project in a neighboring city which involved commuting one hour each way. During this period of time Gail ended a long-term relationship with her boyfriend.

> He probably was not academically as strong as I was, and I had some reservations and it was somewhat tenuous. But I really made the choice one summer when I needed a vacation, rather than staying with him when he went to summer school, and that was really the termination of that relationship, but I just thought 'why should I stay in the city all summer and do that?' We were always friends but I was always a little aware of the fact that I would always be academically a threat to him .... I did see that a long-term relationship would really not work out.

After a year she was offered a clinical instructor position at the university where she received her baccalaureate degree.

> I left because one of my apartment mates wanted to go to university to do a master's and she had to get someone to replace her ... so I was getting my arm twisted. I always thought it would be nice to be asked to go back there and teach ....

Gail began working at the university at 27 years of age. Gail described working at the university as "a great learning experience." She taught students in the classroom and in the clinical area.

> There was never a dull moment the whole time. I never taught the same course twice in any semester. I was always preparing a class from books in the library because I'd never taught the course before. It was always a self-learning experience because I was putting myself through the curriculum, trying to keep one class ahead of the students.

Gail taught at the university for three years. After a period of time Gail realized that she liked the university and wanted to stay but a permanent university position would require a graduate degree.

> When I graduated I thought that I would be nursing at the bedside. It wasn't in my head to go on to graduate study, but with the way nursing was changing I became aware that I really wanted to go - as well the dean was saying that if you want to stay here, you'd better go.

In her late twenties, Gail had found the career role in nursing that she wanted. The next stage of her life would be primarily devoted to obtaining the academic credentials necessary to become a full fledged member of an academic community.

For two subjects, Kay and Patty, these early work experiences were not satisfying but for quite different reasons. Their dissatisfaction led to decision making that changed the course of both their lives and their careers.

Kay finished her baccalaureate in nursing degree near age 23. She moved back to her hometown and married the young man with whom she had been going out since high school. She obtained a position teaching surgical nursing in a diploma school of nursing.

> For some reason, I figured out that I didn't know enough to be doing what I was doing and also it was not satisfying to me to be as much of a generalist as I was.

Kay applied and was accepted by several graduate schools in the United States. She selected a graduate school with a good reputation a few hundred miles from her hometown. "I was not interested in moving miles and miles away." Kay and her husband moved to the United States. Kay described the decision to move to the United States to work on her master's degree as a "big risk." She was able to take the risk because she was supported by her husband.

> There was somebody telling me that it was okay. All by myself I don't know whether I could have taken the risk.

Kay enrolled in the master's program and her husband obtained an administrative position at the university. She went to graduate school with the idea that she would be away for a year and would return and teach in a school of nursing. During her master's program Kay began to see herself as having a life long career:

> I decided on a life long career in my master's program. If I decided to have children, I was not going to stay home. Before that I decided I would have a career which I would defer for the sake of my family .... until they got through school. I did not have long term career goals ....

However, during the early part of her master's program Kay met a nurse who was enrolled in the nurse scientist Ph.D. program. Kay's discussions with this nurse inspired Kay to be interested in the biological sciences and in the nurse scientist Ph.D. program.

> I saw her as some kind of a model or star that I preferred to model myself after. I know that was when I thought I should have my Ph.D. I don't really know why but I thought I should have it. I thought, I'd at least be more independent if I had my Ph.D. Why I decided to take it in biological sciences is not clear to me .... She's a very enthusiastic person, she sort of turned me on.

Kay did not finish her master's thesis right away. She had enrolled in the pre-requisite courses to get into the Ph.D. program. Her husband was supportive of Kay continuing in school.

> By the time I finished my master's degree he really liked the United States. It was desirable to him that I should go to school .... he was supportive of that ....

Kay would live in the United States for the next 8 years, completing her master's and then a Ph.D.

Patty did not find work as a staff nurse a particularly satisfying experience at age 21. She was working as a staff nurse in a children's hospital with a group of her friends and living at home. She and her friends were members of a tennis social club. At the club she met Jack.

> I didn't date anybody else after I met him. That was it. I remember meeting him while my parents were on holiday and my grandmother was staying at home .... I remember telling Granny the next day that I had met the man I was going to marry. She said 'but you can't know that,' and I said 'but I do, I just know,' and so it was.

Patty worked at the hospital for two years and at the same time she was taking liberal arts courses at evening classes at the university. When Jack decided to go to the United States to work towards his master's degree, Patty felt she did not need to remain in the city. She resigned her job at the hospital and accepted a staff nurse position in a rural public health unit. She continued taking liberal arts courses by correspondence and was saving money. Patty thought she would give the money to her sister to help with her university expenses.

> Jack said 'that's really dumb! Why don't you take it and you go on?' I'd never thought of that - me, I'm a nurse, I've got a career. And he said 'it looks to me that there are other things that you're interested in' ... and it was just this little seed he planted ... and I thought, why not ....

Patty worked in public health nursing for one and one half years. At age 23.9 she had decided to leave nursing and enroll in an undergraduate liberal arts program in the same American university where Jack was teaching summer school. It would be more than 12 years before Patty would again be working as a nurse.

During the first half of this period, the lives of the subjects were structured primarily around their work and their education. Only Kay had married early, at age 22. Julie had been engaged at age 22 but her boyfriend was killed in an accident. Gail terminated a long term relationship in her late twenties. Four subjects married in the later part of the First Life Structure, between the ages of 25 and 27. For each of the five subjects who decided to marry during this period of their lives, the decision had a different impact on their lives.

In Kay's marriage her desire for education was a determining factor in how the early years of the marriage were organized. Kay was married at age 22. After two years they moved to the United States. Her husband saw moving to the United States as "an adventurous kind of thing to do, to go live in a different place was appealing to him."

> I believe that we were already into a pattern where my career was controlling what we did and I don't think he was resenting it. He was the kind of person who I see as things happen to by accident, not by design, whereas I'm the kind of person who designs what I do, and so he was never adverse to following along with my design because he did not have an alternate design of his own.

She and her husband had decided they did not want to have children. While her husband worked at his career in administration, Kay completed her master's degree and began working on her doctorate. Her husband liked living in the United States and was supportive of Kay continuing her education.

> It seemed perfectly fine to him that if it was for my career and that's what I wanted to do, then that's what we'd do.

In the early years of Patty's marriage her husband's educational goals and later his job were the determining factors in how the marriage was organized. Patty had decided to leave nursing. She enrolled in a liberal arts baccalaureate program in an American university where Jack was teaching for the summer. She remained at the university for one year while Jack had moved to another university in the western United States to work on his doctorate. They were married when Patty was 24 years old.

> We were married and I moved to university when Jack was starting his second year of his Ph.D. Then I finished my undergraduate degree but Jack still had another year to put in for his Ph.D., and I didn't know what to do, so I did a master's.

While Patty was working on her master's she was pregnant with her first child. By the summer both Patty and Jack had completed requirements for their degrees and moved to a city in western Canada. Jack had accepted a faculty position at the university. Patty's baby was born in September, when she was 26 years of age. A second child was born 21 months later. For three years Patty's life focused on staying "at home looking after babies."

Betty met her future husband at the same time she was being interviewed for a university faculty position. She knew that they would be married from the first time they met.

> I remember going back to (city) and saying 'you won't believe it but I know I'm going to marry this guy, and he's taking out a member

> of the faculty and I'm not even hired there yet. I'm going to be in such trouble.'

Betty had decided in her adolescence that she was not going to find herself in the situation that her own mother was in.

> I knew I would get married but I had such a mother role in my family - I remember when mother's gone having another baby, and here I was at home with three one year apart - this one's teething, this one's got a gas, that one's got colic, and I thought 'Oh God, I don't think I'll do it this way.' So I made that decision early ....

She and Phillip decided to live together for a period of time before they were married.

> I was sort of worried about ... I can't afford to have a screwed up marriage. I said we're going to stay together because I'm not just jumping into this. I don't want us to be fighting about who's going to take out the garbage, I want to stay together with you to see how it works before we get married ....

Betty and Phillip were married shortly before her 27th birthday. Betty's relationship with Phillip provided her with a sense of personal security and acceptance.

> For the first time, somebody loved me and for the first time everything about me was all right .... It was a great thing to be married and have somebody to talk about everything with ....

Prior to her marriage Betty's career and her education were the main features of her life structure. At age 27 marriage became the most important aspect of her life.

> My marriage has been the biggest thing for me in terms of knowing I'm all right. So my marriage and home are just so much more important than my career. My career I would say is second.

Louise had, from late adolescence, planned to have a career. She completed her nursing diploma at age 22 and finished a baccalaureate in another two years. After working for 6 months as a staff nurse she decided to go to England and experience nursing in another part of the world. Six months later she returned home and accepted a staff nursing position while she "got myself in order, I thought maybe it's time to go away and study on my master's degree." While she was deciding what she would do she met a very handsome young man. "... We fell in love very quickly, and got married."

Her husband was a teacher and shortly after the marriage, he accepted a position in a small mining town. At age 27 Louise found herself married and living in a small rural community.

> I thought what the hell am I going to do there. There wasn't much I could do, there was a nice little company hospital and I just did general duty there just to do something .... It was just a year off when I nursed and played bridge and pretended I was a housewife.

They planned to stay in the mining town for one year while her husband got a year's teaching experience. The following summer they moved to the west coast so her husband could start a master's degree. That same summer Louise decided to end the marriage.

> I realized very shortly after my marriage that I had made a mistake. I was too young at the time and I was also too strongly motivated in terms of my own profession. I really wanted to move on in my profession and he really was not that interested .... Our interests were different, our long term motivations were different. I felt that in a way after a while I could see myself carrying him along, rather than travelling along with him.

Louise packed her bags and went back home. She lived with her mother for a few weeks.

> I went home for a brief time while I decided what I wanted to do. I was at a bit of a loss when it happened ... I didn't know where to go or exactly what to do.

Louise decided to work for a while "long enough to make the necessary money and get the necessary experience before going on to get a master's degree in the States." However, she was unsure where she wanted to work. She did not want to stay at home. By September she had decided to move to another province where she obtained a staff nurse position in a large university hospital and began a long process of reorganizing her life.

For the five subjects who did not marry, the need for independence mainly from parental influences and values, was a predominant theme.

At age 24 Jean was completing her final year for her baccalaureate in nursing. Previously she had been living with a girlfriend but during the last year of university she moved home. During her early twenties Jean had been exploring aspects of various religious teachings.

> I really began to feel as I got into my 20's that there was a spiritual side to life and I felt that not having that side more developed, that I was more shallow than I wanted to be and that I had to do something about that.

During this year she had met friends who were active members of a large missionary church. She was impressed with the focus on families and on education in this new church. She began to read the literature of the church.

> I remember saying 'Can you believe this? This is hilarious.' ... But then something started to happen to me, the more I read the more curious I became ... and then I had two or

> three what I would consider were spiritual experiences that I couldn't explain the way I usually did everything that happened. I couldn't explain it intellectually, I couldn't explain it emotionally, but I really felt there's something here.

Jean decided to begin work on a master's degree in nursing and she decided that she had to do something about the influence that this new church was having on her life.

> I have to do something about this, either I have to forget about it or I have to sort out for myself because I can't deny anymore that it's having an impact on me.

She applied to a graduate school several thousands of miles away from her hometown. She planned to begin attending the new church at the same time she started graduate school:

> The reason I wanted to do it in Florida was because I wanted to be away from my family and friends here that would influence me one way or the other, I wanted to sort this out for myself. I did a lot of introspection and prayers away from family and friends. I made the decision to join ....

At age 25 Jean changed her whole lifestyle. She did not return home until the next summer and then only for a short vacation. At first her family and friends had difficulty coping with her new lifestyle. During the first year as a member of her new missionary church Jean was supported primarily by female friends from the church.

A similar theme can be seen in Julie's decision to travel to Canada. She had been working as a midwife for three years. After one six month period of night duty she experienced recurrent ill health. She decided she "needed a change of scene."

> I began to realize I'd been near home in (city), it was time I made a break. Having

> been away from home all my school days I then became very much homebound in that I used to go home a lot and I began to realize that I needed to establish my independence again.

At age 25, Julie came to Canada as part of an exchange program. Julie decided to travel to Canada because "Canada was away but it was the least far away" of the possible choices.

By the time the subjects reached their late twenties six of them had begun to increasingly focus their careers in nursing education with four involved with nursing education in a university setting. Three other subjects had organized their careers around nursing practice in hospital settings. One subject was not working outside of her home. As the First Life Structure was coming to an end, all subjects began to make new decisions about how the next period of their lives would be organized. Seven subjects had made the decision to continue their formal education: three subjects were enrolled in master's degree programs; three were beginning work on their doctoral degrees; and one subject entered a post-R.N. baccalaureate nursing program. The decision to continue with their education was usually more planned than in the past. However, their long term career goals were for the most part not yet clearly formulated. At times, returning to school was the way the subjects initiated changes in other components of their lives.

In Betty's case, the decision to enter a doctoral program, at age 27, was much more thoughtful than when she enrolled in previous educational programs. She had come to the point when she realized her knowledge was not extensive enough to understand the psychological causes of illness.

> I had come to the point that all my knowledge of patho-physiology was like putting bandaids on stuff .... I came to see the mental issue and decided I didn't know anything about that and so I wanted to go to school.

However, for Betty there was another and perhaps more significant reason for entering a doctoral program:

> One of the most motivating reasons why I had to have a doctorate was so I could prove that I was not dumb.

For Betty having a doctorate was necessary to prove to herself that after experiencing so much failure in her life that she could:

> Make it against odds ... to achieve ... so it's just symbolic, to achieve against odds, but never to lose sight of the humanity.

In Gail's case she had decided that she liked teaching in the university and needed the appropriate academic credentials and:

> the writing was definitely on the wall that if I wanted to stay, I had to leave ... to get some graduate education.

Similarly both Jean and Ann returned to university in their mid to late twenties to increase their knowledge base. After Jean had completed her master's degree in nursing she worked as a nurse clinician for two years. Her work increasingly involved working with clients as a group.

> I realized I was flying by the seat of my pants too much of the time. I could always go back and do individual work but individual work didn't make that much sense to me conceptually anymore.

Jean felt she had exhausted what she had been taught in her master's program.

Lynn on the other hand went back to university for her master's in her late twenties as a way of facilitating change.

> I decided to go back to school, and I was looking for a change. I don't think I was unhappy but I think I just didn't want to go on doing what I was going for that much longer. And so I went back to school ....

For two other subjects, decision making at the end of the First Life Structure involved moving to a new city and beginning new jobs. Louise accepted a position as a staff nurse in a university hospital and Mary was beginning a new job as a university faculty member.

One subject, Patty, had assumed the role of wife and mother full-time. Patty moved with her husband from the United States to western Canada. He had obtained a university faculty appointment. They bought a home. At age 28 her second child was born.

Comparison With Levinson's Theory

In Levinson's theoretical framework, the period between 22/23 and 28/29 years of age has two major developmental tasks: (1) to explore and generate alternative choices in terms of major components of the life structure such as marriage and occupation. These choices have a tentative or provisional quality making change possible and (2) at the same time create an increasing stable life structure by taking on adult responsibilities. In this period the young adult begins to put down roots and lead an organized life.

During the First Life Structure, the 10 women in this study formed lives that were different in shape and quality from the Age 20

Transition. The data provide evidence of both change and stability. In the First Life Structure the subjects were moving away from their hometown, away from their families and friends and establishing a new home base. Their new home base was often hundreds of miles away. This was not a smooth or continuous process. The subjects would often move out on their own for a while and then return to the parental home for a period of time and then move out again. Nine of the 10 subjects settled and resettled themselves two or three times during this period of time.

The process of forming an occupation during this period of time took the form of exploring a variety of work and educational alternatives. This process usually involved working for a year or two followed by a change of jobs or a return to school for a year or two, and then changing again. The subjects seemed to be searching for an occupational role in nursing best suited to their interests and abilities. The subjects who graduated from hospital diploma schools of nursing often worked in these hospitals in their first nursing position as staff nurses and then as head nurses and/or nursing instructors. The hospital served as a familiar and protective environment for subjects to test out new behaviors and new roles.

During this period the subjects were involved in a gradual process of shifting the center of their occupational world away from direct clinical practice toward the teaching of nursing. Seven of 10 subjects had shifted out of the practice setting by age 27. At the same time seven of 10 subjects had only a generalized career focus. The subjects changed jobs two or three times during this period of time. For nine of the 10 subjects the task of forming an occupation seemed to be a dominant focus on their lives. Nine of 10 subjects worked full-time outside the home or went to school continuously during these years. One subject was a full-time housewife after age 25.

Five subjects married during this period with one subject terminating the marriage relationship. Except for one subject, marriage for these subjects occurred in the mid to later twenties. While five subjects married, only one subject changed the dominant focus of her life to marriage from career and education. This subject assumed the role of wife and mother full-time and was the only subject to have children during the First Life Structure. The other married subjects tried to integrate the marriage relationship into a life structure which included a major career focus. In the mid to late twenties the subjects were beginning to bring other components such as religion and marriage into more prominence in their life structure.

During this time the subjects were increasing their independence and autonomy from the influence of their family, but the subjects retained strong emotional ties with their parents. They formed and let go of new friendships with both males and females. They continued questioning the place of dominant parental values, such as religion, in their lives. The subjects seemed to have begun a process of forming lives quite different from those of their parents.

The decision making process in the First Life Structure seems to be less influenced by events and/or people in the environment. The subjects seemed to be gaining more control of their lives but their life structures, particularly in the area of occupation, remained highly provisional in the sense that frequent changes occurred relatively easiy.

The First Life Structure ended as it had begun with seven subjects entering new educational programs. Going back to school seemed like one of the ways these subjects began to restructure their lives. Often the subjects entered new educational programs without a specific goal in mind. Often the reason the subjects entered new educational programs was to facilitate other developmental changes. During this period of time the subjects were involved in the beginning of a process of occupational and social mobility. The subjects were beginning to transform themselves from their working class or middle class background by changing their educational, cultural, and religious contexts and, as a result, changing their lifestyles.

The data obtained for this period of the subjects' lives provide little evidence of mentoring relationships of the kind and quality described by Levinson. However there is evidence of supportive relationships with other female nursing colleagues. These supportive relationships often developed over time into life long relationships.

As well, the data obtained provide little evidence of the Dream that Levinson reported for the men of his study. The subjects pursued their lives in a manner fashioned more by events, opportunities and people, than by an overriding notion of where they were going, except that some of the subjects wanted to teach nursing.

The lives of the subjects during the First Life Structure were primarily structured around their work and their educational processes.

For those subjects who married there were increasing efforts to include this new component in their life structure.

The timing of the First Life Structure is similar to the period identified by Levinson as Entering the Adult World.

Age 30 Transition

The Age 30 Transition usually began around the age of 28/29 years, lasting an average of four to five years and ending around 32/33 years. During this short period the subjects made fundamental changes in the major components of their lives. It was a time of restructuring; and the process was often stressful and for some subjects a time of personal crisis. Although the subjects were working on various aspects of their education and careers, this work was often in the background as the subjects sorted out significant personal issues.

The Age 30 Transition usually began with some inner feelings of discomfort and/or the need for some kind of change in their life structure. This transitional period typically ended when the subjects had a clearer view of how the coming years of their lives might be organized.

The feeling of a need to change and the process of restructuring can be clearly seen in Ann's life during this period. Ann had been working as a nursing supervisor in a large teaching hospital for the previous three years. She described this position as "the greatest fulfillment I've ever experienced in a job." She was happily married and planning to have a child in the near future. At age 29 Ann started to feel that:

> At the end of three years I was really thirsting for knowledge, and knowing that up until that point what I'd learned from McGill I had used - I had run out - I really was thirsting for something more, I had run out of ideas.

She explored three options in terms of graduate programs: administration, clinical nursing in the United States, and counselling. Eventually she applied and was accepted for admission to a counselling program. Her husband had just finished his master's degree in the same program when Ann began her course work. She found the experience of going to graduate school exciting, challenging, and somewhat risky. One of the risks involved the selection of a thesis supervisor.

> It was a risk - in those days there were so many students and so few professors - and it was really something making a decision and going and asking somebody because they could refuse.

Ann had made her choice:

> That was the beginning of a supervisory relationship that's turned into a friendship and he was a very important person in terms of my intellectual development all through graduate school.

During this first year of graduate school Ann learned that she was infertile. Ann experienced considerable anger and grief about this new knowledge about herself.

> I learned that I couldn't conceive ... and I think at that point in my life, I really came up against a reality that I had no control over, and the goal of having a child I couldn't manage, it just wasn't to be.

She did "a lot of grieving about my inferiority" in her late twenties and early thirties. After a period of time Ann and her husband decided to apply for an adoption.

Near the end of her master's program Ann had arranged to work at the hospital as a staff nurse on a three to 11 shift and she planned to work during the day on her thesis. One day in July the phone rang announcing that the adopted baby had arrived several months early:

> That was an unreal time because he was a colicky baby .... I thought I could look after him through the day and work on my thesis, because a baby is supposed to sleep, right? But this child wasn't sleeping, he was screaming and then I would go to work and I would come home and he'd still be screaming, and I wasn't getting any sleep. Looking back on it, I don't know how we survived.

Ann stated that she was beginning to realize that her life was not going to fit together as she had planned.

> My life wasn't going to all fall into place so neatly that I would be able to do all that I wanted to do.

At the end of the summer Ann had almost completed her thesis and she and her husband moved to a new city. They both had obtained faculty positions at the university. Ann was excited about her new job in a newly developed baccalaureate nursing program.

> The opportunities there seemed unlimited, it wasn't like you were turning over old soil, it was new soil ....

Within a few months of working in this new baccalaureate program Ann found herself involved in a severe organizational crisis in the faculty. By May Ann had resigned her position. She and her husband returned to their former city where her husband had obtained a tenurable faculty position at the university.

Ann explored job possibilities for herself and decided "there wasn't anything that I wanted to do job wise" and began to consider returning to graduate school to work on her doctorate.

> In some ways going to graduate school at that point and getting my Ph.D. was kind of like going into nursing rather than becoming a secretary. Getting the master's degree was a very conscious decision ... but the Ph.D. seemed the best thing to do at the time ....

During this same period of time Ann began to realize that her priorities in her life were changing:

> As a couple I was free to do pretty much what I wanted to do, and things were negotiated and priorities were established together and our needs were balanced off.

She felt that her marriage had enhanced her life but that having a child changed her life "far more than marriage did."

> It became apparent to me that there was no longer a question of balancing off, it was a question of priorities, and I found that my first priority had to be him and that had repercussions all the way down, in every area of my life .... I just somehow assumed that I would be able to have this child and integrate him into my life and it didn't work out that way. I had another human being that needed me and depended on me and that I had to take into account ....

Ann decided that:

> It would be easier for me to combine going to school and being a mother, rather than having a full time job and being a mother.

At age 32 Ann entered her doctoral program. She had decided not to rush finishing her degree. She "was going to enjoy the process and avoid depression." The next few years of Ann's life were to be structured primarily around going to school and looking after her child and her home. During the years between age 28 and 32 Ann's life structure was radically altered. Ann's life structure at the end of the Age 30 Transition would be quite different from the life structure at the beginning of the Age 30 Transition. Her career and her education were secondary in importance to the role she accepted in relation to her child. The Age 30 Transition began for Ann when she felt she was "running out of knowledge" and ended when she had reshaped her life to have a clearer view of her short term future. Another theme in Ann's life structure during the Age 30 Transition was the stressful nature of some of the changes she chose to make. Ann experienced both personal and job related stress of a different kind and quality than in the past.

All subjects were involved in major restructuring of their lives during the Age 30 Transition. During this time only three subjects seemed to be able to achieve the reshaping without considerable disruption in their lives.

The changes Lynn initiated in her life during the Age 30 Transition occurred in a smooth and continuous fashion. At age 27 years Lynn decided to go back to school. She applied and gained admission to a master of nursing program on the west coast of the United States.

> I was looking for a change. I don't think I was unhappy. I think I was probably enjoying myself as much as anybody, but I just did not want to do what I was doing for much longer.

Her master's program included a clinical nursing component and an educational component. Although she had planned to focus her graduate work on the nursing care of children, the highlight of her program was an education course in curriculum development. This experience was the beginning of a shift of her career focus away from clinical nursing toward curriculum development.

Lynn's master's program lasted for 12 months. This was the first time she had lived away from her parents for any extended period of time. She would call home periodically. She flew home at Christmas to visit her father who had had a major heart attack. Lynn described this event as causing her some difficulty but she remained at school. She found that she loved the west coast. She made some new friends.

Near the end of her master's program Lynn was thinking, "What am I going to do? Am I going to go back to (her former job) or ...?" She decided to move to a large city in eastern Canada and applied for a nursing teaching postion in a newly developed diploma school of nursing in a polytechnical institution. Lynn observed that at this time:

> I really made my major break from home. I decided to go to (city) for one thing, which was a big city ... and that was sort of a sense of adventure and excitement. It would be great to relocate and meet new people.

The new nursing program had only three staff members at the start of the program. Lynn and her two nursing colleagues "developed the nursing program out of thin air." Lynn found her new job exciting and challenging. She liked working in a "totally new program." She liked working in an educational organization. She had a "marvelous" new boss.

> She had a very clear mind, very rational, hard mind, and she was very persuasive in her rationale .... on the other hand she was a very emotional and felt strongly about various things, smoked a lot, drank a lot. You couldn't be neutral with (name), there was no

> such thing. You were either for her strongly or hated her. I was for her strongly.

Lynn and her two nursing colleagues developed a close working relationship.

During this period of time Lynn would occasionally think about being married or having children.

> Sometimes when your friends have children, I would think wouldn't it be nice to have a child.

The next few years of Lynn's life were restructured primarily around work at the institute and her relationships with her nursing colleagues. Lynn described these relationships as reasonable, comfortable and satisfactory. She enjoyed her work and she continued to develop her interest in curriculum design. The Age 30 Transition had been a time of change for Lynn but she achieved these changes without major difficulties.

Unlike Lynn, the Age 30 Transition was a long and painful process for Kay. She and her husband had been living in the United States. At age 28 she was doing her course work for her doctorate. Her course work was proceeding smoothly and around age 29 she began working on her dissertation. The dissertation was a laborious process. She was trying to design a new biological measurement.

Kay and her husband spent a lot of time together, particularly socializing "with other university people." As a couple they had decided not to have children. One evening, when Kay and her husband were visiting with another couple, the conversation focused on the "pros and cons" of having children:

> All of a sudden it because clear to me - just like that - that indeed I did want to be a mother, I did want to parent a child. It was strange because it was almost like a bolt of lightning out of the blue .... I realized that parenthood was not something I was willing to give up for the sake of my career.

Kay began to realize that:

> ... when I got to be over 30 years old and that's when a woman has to decide whether she's going to have any children or not ....

Kay described her husband as being neutral about the idea of having children:

> If that's what I wanted that was fine, but he would not initiate the move to have children .... He went along with it, not really believing he wanted to be a father.

Soon Kay was pregnant. At the same time Kay confirmed her pregnancy her husband told her he wanted out of the relationship. He had met another woman:

> I was devastated. I'm a very loyal person and it never occurred to me that this kind of thing would happen to me. I was shocked - I was angry and hurt and I cried a lot - and I said to him 'The choice is yours but you have to make a choice. I won't be part of a relationship where there's you and me and somebody else.'

Kay's husband decided to remain with her and:

> ... everything would be okay for about four months, and then it wasn't okay anymore so I'd say 'okay, you've changed your mind.' He'd say 'no', and then he'd reassess it and the choice again was to stay with me.

At age 31 Kay delivered a son. During this time Kay had continued to work on her disseration which was now nearing completion. Kay was beginning to make plans for what she would do when her doctorate was finished. She wanted to return to Canada but her husband wanted to remain in the United States.

> He said he wants to maintain the relationship, but he wasn't going back to Canada, I said 'I'd like to go back to Canada but it's not first and foremost.' Indeed my marriage is more important to me so 'where is a mutually agreeable place to go?'

Kay finished her Ph.D. at age 32 and the same summer accepted a faculty position at a university in a western American city. The move to this new city was a mutually agreeable place for both Kay and her husband. They bought a house. She arrived in July. He arrived three weeks later and left. He returned the next month and left again:

> I was in utter panic for a period of time after he came for three weeks and then left. I was in (city) with a 16 month old child and a new job in a new city with a brand new big mortgage to pay on my own salary.

Kay started her new job. Work was a distraction that forced her to function.

> The panicky part lasted a month or two but I was depressed for probably six months. I felt like I didn't know what to do about anything for a while. By depressed I mean I don't think I sought other people in the usual way I went to work every day and I taught but I didn't focus in on getting a research program going and the kinds of things that I should have been doing.

During the months of panic and depression Kay was supported by a new female friend.

> There happened to be another woman there who was dealing with the same thing and she and I became friends ... and we helped each other a lot ....

Gradually Kay began to experience some control and she realized that she could handle the situation.

> I began to realize I could handle almost anything. I took a course on how to maintain my car and got all my income tax done.

She began to sort out the situation. She could not pay her student loans, the mortgage and support herself and her son on her salary. She applied for a faculty position in her home city in Canada. She had decided to return home.

> I thought I may as well come home and be near my support system for a while because I felt like I needed them, I needed help ....

Kay resigned her job in August. At age 33 she and her son moved back to Kay's hometown where her parents could provide her with support. Kay had accepted a university teaching position in a faculty of nursing. The next few years of Kay's life would be particularly devoted to establishing herself as a university faculty member, raising her son and adjusting to her new situation.

At the end of Kay's Age 30 Transition, her life structure was considerably different than when the Age 30 Transition began. Throughout the Age 30 Transition, Kay worked on her doctorate, but this work was in the background as she experienced and sorted out two major interpersonal issues - the decision to have a child and the collapse of her marriage. Kay's Age 30 Transition was a difficult and stressful period of her life. She experienced considerable difficulty forming a life structure during the Age 30 Transition.

Four of the subjects of this study experienced varying degrees of moderate to severe crisis during the Age 30 Transition. The themes of these crises were feelings of loss, of loneliness, and fear of failure, primarily in their personal lives but in their occupational lives as well. Three other subjects experienced milder disruptions during the Age 30 Transition. The themes of these disruptions were similar to those with the moderate to severe crises. An examination of the data gathered for this study revealed that for the three subjects who experienced a smooth Age 30 Transition, two of them had experienced some moderate to severe form of disruption in at least one early period of their lives. For the three subjects who experienced milder stress during the Age 30 Transition, one had experienced a more severe disruption early in her adult life.

At the same time decision making during this period of time had a more deliberate quality. In the later part of this period the subjects seemed to be much more in control and much less buffeted about by people or events. There seemed to be a change, not only in the subjects ability to make choices but in their desire to make them. This change in the quality of the decision making process could be seen both in the subjects' career and educational decisions as well as in other components of their lives.

The deliberate nature of the decision making process can be seen in Louise's life during this period. After less than two years of marriage she had separated from her husband and was living with her mother while she was getting herself "sorted out." She decided to move to a prairie province to obtain more teaching experience before she went for her master's degree. She worked as a staff nurse at a large teaching hospital for a few weeks until she was offered a clinical instructor position. Shortly after her arrival in the new city she met the man who would become her second husband. They began dating on a regular basis.

Louise had been working as a clinical instructor for three years. She was:

> getting tired and thinking it's about time for me to go to do the master's. I was planning to work one more year and go away next year.

Then she was asked to accept a new teaching assignment. She agreed to work at the hospital for another two years. However, there was another reason Louise stayed at the hospital longer than she had planned. She had met "the man I knew I wanted to marry." Paul was a self employed professional and several years older than Louise.

> It took us a long time to reach the decision that we were going to marry. We had a lot to talk about. He was a very strongly motivated career person who understood very well my own needs in this direction.

Three factors were important to Louise in making the decision to marry for the second time.

> My mind was set - I was going to do three things. I wasn't going to make a mistake in a second marriage, secondly I wanted to get my master's degree before I married him, and thirdly he was on the way to set up a private practice and I wanted to be damn sure that was set up properly, and I knew where he was going to be before we married.

Paul and Louise reached an agreement. They both would go and work on master's degrees.

> He said 'If we still care for each other when we're finished, we'll marry.' So I said 'okay', and I went in one direction and he went in another.

The Age 30 Transition was ending for Louise as she enrolled in a master's of nursing program in the United States at age 33. Louise observed:

> I'd always known, ever since I finished my degree that I would go on for a master's, I'd always known, it was just a matter of when.

By the end of the Age 30 Transition Louise had made a series of decisions that gave her a much clearer view of her future than when this period of her life had begun.

Louise was the only subject not enrolled in a formal educational program during the Age 30 Transition. The other subjects were involved in educational programs for varying periods of time - one subject was working on her baccalaureate degree, four subjects were enrolled in master's programs and four subjects had entered doctoral programs. The decision to go back to school was a deliberate choice by the subjects and was usually associated with the subjects having chosen a longer term career focus, primarily in faculties of nursing in university settings. The experience at school often sharpened the career focus and aided the subjects in the process of setting new career and educational goals.

Gail had been working as a nursing faculty member. She decided she liked teaching in university and wanted to get a master's degree so she could remain as a university teacher. She applied to a nursing graduate school on the west coast of the United States but was not accepted for admission. A friend suggested that she apply to Lakeview University in the eastern United States. This university was 3000 miles away from Gail's home on the west coast of Canada. Gail applied and was accepted at the university. Shortly before age 30 she resigned her position and moved east.

At first Gail experienced considerable difficulty adjusting to her new situation.

> Initially I think that was a crisis situation for me because I didn't know a soul. I'd never been away from family or friends, absolute isolation.

Gail had limited financial resources and:

> lived in a monk's cell in a dark, dingy, condemned building - it had a cot and a desk with a chair and that was it ....

She had been out of school for seven years and many of her classmates had just finished their baccalaureate degrees. Her academic background "had a lot of holes."

> My advisor thought because I hadn't had this, and that, and the next thing that she would really load me up with courses which just overwhelmed me ....

During these first weeks while Gail was trying to adjust to her new environment, her mother was admitted to hospital and Gail "was worried about her." Gail was not eating and not sleeping well. She felt disorganized and "not integrative within myself - that I'm not all together."

> I began to wonder if graduate school just isn't for me and I should have taken it on a much slower pace and not so far from all my family.

Gail felt very unsure of herself. She "was sure I was going to fail." Eventually she sought help from student counselling and talked with a psychiatrist about how you cope with these new experiences. By midterm she realized she was not going to fail - in fact she was achieving good grades. After a few months Gail got herself stabilized in her new environment. She had joined a choir and was making new friends at the university.

Gail began to feel excited about her experiences as a graduate student. Lakeview University was "a top flight nursing graduate school." There were 29 nurses with Ph.D.'s on faculty and tremendous sums of money going into faculty directed research.

> You were just part of it from the moment you got there, - when I was there it was at its peak.

One of the faculty members had a Ph.D. in Nursing which influenced Gail to begin thinking about doing a Ph.D. in the field of nursing. Gail was also learing about research by closely working with a nurse who had a Ph.D. in physiology. She learned:

> lab bench research very thoroughly ... that stood me in excellent stead for precision and accuracy in research and experimental design.

Gail approached the Dean of Nursing to be the chairperson of her thesis committee .... "the Dean accepted." For Gail working on her thesis was a:

> high quality type of experience to have someone of her international prestige and her standards were very high so that I learned to meet very high standards to accomplish it.

Gail completed her master's degree in two years. She was offered a faculty position at Lakeview University which involved "50 percent teaching and 50 percent research." She was reluctant to accept a job offer at the school where only a few weeks before she was a student. Gail tried and tried to find another position where she could devote 50 percent of her time to research. She could not find a better job. She accepted the offer at Lakeview University. Her teaching assignment was primarily with master's students. She was assigned to an ongoing research project for the first year and encouraged to write her own grant proposal for the second year. Her teaching and research assignment was with her clinical advisor Pauline and another faculty member who had been on her thesis committee.

> I worked with the faculty members that I had admired in medical and surgical subspeciality and became a colleague and friend with them, did things socially with them, became very close friends with them.

While working with these nursing colleagues Gail observed that faculty were involved in three different roles:

> The faculty member is supposed to wear three hats, the researcher, the practitioner and the teacher hats, and indeed we tried to do that.

Gail developed a special relationship with her clinical advisor, Pauline. This relationship began when Gail arrived at Lakeview University to work on her master's degree. Gail stated:

> She took a girl in crisis, who arrived from eons away and was able to get me through the problem and turn my face towards my doctoral program.

Pauline guided Gail through the beginning development of her master's thesis.

> I wanted to do a certain kind of master's thesis and she realized that I was going down a primrose path but she let me go far enough so that I realized for myself that it was a deadend, but then just didn't leave me there. She said 'given some of the thinking you have, if you take other paths and see if they're more fruitful to you.'

Pauline was instrumental in encouraging Gail to explore the possibilities of obtaining a doctorate:

> She took the opportunity to make sure I met people who in a nice way pressured me to apply for the Ph.D. in nursing program.

Gail worked at Lakeview University for two years. These two years were enjoyable and rewarding. She liked the university and she was excited about being involved in nursing research. During her second year as a faculty member Gail saw once again:

> The shadow was on the wall, you couldn't stay there as a faculty member with a master's, you had to have a doctorate.

Pauline arranged for Gail to meet with a Dean of Nursing whose faculty offered a Ph.D. in nursing program so she could discuss the possibility of pursuing advanced studies there.

> I met her and found out all the kinds of things you had to do in terms of preparation. I did all those kinds of activities to see if I would meet the cut off.

Once Gail was accepted as a doctoral student the Dean of the school helped her with housing, employment, and financial arrangements. Without this assistance Gail:

> ... wouldn't have been able to go on so quickly because I was still struggling to pay back my loans from my master's ....

Gail's acceptance into the Ph.D. program and her decision to accept had a direct impact on her ongoing relationship with her male friend, Jim.

Gail observed that if she had not been accepted into the doctoral program she would have "probably married." Jim and Gail had similar interests and educational backgrounds. Jim was a scientist involved in cardiac research. He:

> had a lot of personal kinds of problems that I could probably have learned to live with .... He couldn't sleep in any bed but his own. If he was out of town he didn't sleep. He could perhaps have overcome some of that ... but we were neither young at that stage. When you marry that late you are set in your ways to some extent.

But if she had not been accepted into the doctoral program:

> I might have taken that on as a challenge, because I know no one is perfect, you can't have a knight on a white charger ....

However, Gail was "keen and eager" in terms of doing her doctorate. Late in the summer, Gail moved to a large American city on the east coast. At age 34 she began doctoral studies. Although the relationship with Jim was important to Gail, her career and, more specifically, obtaining a doctorate in nursing were more important at that point in her life. Gail described this choice as a "conscious decision" on her part. The Age 30 Transition ended as it began with Gail on her way to graduate school. During the Age 30 Transition Gail changed her life in significant ways. Her career would involve teaching in a faculty of nursing in the university. She wanted to focus on nursing research and she needed a doctoral degree to be a credible member in the academic community. She had decided to obtain a Ph.D. in Nursing. This goal could not be achieved at Lakeview University. The choice Gail made was to work on her career leaving behind her relationship with Jim.

A similar career decision making process can be seen in Julie's life during this period of time. At age 27 the hospital where Julie was working as a head nurse asked her if she would fill in for a nursing instructor who was returning to school. Julie discovered that she liked teaching and wanted to continue working as a teacher. At the same time she was deciding whether she should remain in Canada or return home. She went to England to visit her family and investigated the possibility of obtaining a teaching position at one of the hospitals. Julie discovered that there would be many obstacles for her to overcome before she would be able to teach nursing in England. She was told:

> ... that 'we won't count any of your experience in Canada, you'll have to go back and be a ward sister and there's no guarantee you'll get a ward sister's job - you may have to go back to general duty and you'll have to do at least two years as a ward sister.'

The hospital in Canada where Julie worked was interested in upgrading the academic qualifications of the nursing teachers employed in the hospital diploma program. Julie was offered free room and board to go back to university to obtain a degree in nursing. She thought:

> If you don't want me in England, if you're going to put all those barriers in my way, I've got a chance to go to university so I'll take it.

At age 29 Julie was admitted as a probationary adult student to a post-R.N. baccalaureate in nursing program:

> I was scared. Here was I who had failed high school and didn't know the Canadian system .... I was really very leary about going, very leary ....

Despite her concerns Julie was motivated by her desire to continue teaching:

> I wanted to teach, they were offering me free room and board. I could manage my tuition ... this was my chance.

She worked hard to be successful in her program:

> I worked like a dog first term, and I ended up with such good marks that I surprised myself because I really didn't expect to do that well.

At the end of her three year program Julie graduated with distinction:

> At the end of the year there were six out of 120 that graduated with distinction and I was one of the six. So I suddenly decided maybe I wasn't so dumb after all.

Julie was making decisions that provided her with more control over the events in her life. For her the outcome was a considerable measure of personal satisfaction. Julie observed that she was "very pleased with myself." The process of achieving this satisfaction was not without some stress for Julie. She experienced an acute anxiety attack during her last year at school:

> where I woke up in the middle of the night, had that sensation of the whole place falling in, rapid pulse ....

Anxiety was not a new experience for Julie but this attack was more severe than in the past. Going to university at this point in Julie's life helped her envision possibilities that she had never thought of before. She described feeling different about herself and about nursing after being at university. One of the most important reasons for the change in how Julie felt was the influence of Dr. Wright:

> Dr. Wright taught us that if we really believed in something we should stand on our feet. She made us aware of our professional obligations. I think she did that for a lot of people, when you look at how many people of my era at university are in leading positions at various institutions across Canada - I don't think it just happened that they went back as leaders.

Dr. Wright influenced Julie by role modeling the behavior she talked about in class:

> She demonstrated it, she carried through what she believed in, she taught us community relations ....

Dr. Wright taught what Julie described as:

> a fantastic course called nursing but it had nothing obvious to do with nursing. She brought in leaders from various fields, but what I think it was meant for was for those of us who had been in hospital for so long with tunnel vision to get a view of the world outside. I don't know if in her wildest dreams she knew how she succeeded.

The impact of Dr. Wright's ideas influenced Julie's thinking "to take risks and to stand up for her principles."

Shortly before Julie finished her baccalaureate program she was approached by the Director of a University School of Nursing in western Canada who invited her to apply for a teaching position. Julie had planned to return to her former position as a teacher in a hospital diploma program. She owed the hospital one year of service in return for her room and board during her three university years. The hospital did not have a full time position available and released Julie from her commitment. Julie applied for and obtained the faculty position and began her career as a university faculty member. The Age 30 Transition ended with her moving west to a university faculty position in a school of nursing. During this period in her life Julie decided to remain in Canada and had made choices that changed the course of her life and her career. She obtained a university degree that she "never thought was a possibility" and was now employed as a faculty member in a university school of nursing.

Four of the 10 subjects completed their doctoral degrees during the Age 30 Transition. For each the completion of this terminal degree had a different meaning and impact on their lives. As outlined earlier in this section, Kay was completing her doctoral degree while she was involved in a major personal crisis.

In Betty's case the decision to enter a doctoral program "was much more thoughtful" than had been the decisions to undertake either her baccalaureate or master's degree. She had come to the point where her knowledge base was inadequate for the work she was doing in her clinical practice. She sought out a doctoral program which would provide her with opportunities to study under the supervision of a medical practitioner. During her doctoral program Betty worked in the clinical area three days per week, did her course work on the other two days and worked on her dissertation at night. Her degree was completed in two and one half years, just before her 30th birthday.

> In fact I was done in two years and they just said 'we can't let you out of here because you're done so quick.' So I just worked more clinically while I was waiting to fill the residency period.

This was a "wonderful" period in Betty's life. She had been married in May and both she and her husband began their doctoral programs together:

> We rented a house - it was our first home and the first time together. We took courses and came home and it was just a great thing to be married and have somebody to talk about everything with.

Betty and her husband studied together and worked on their dissertations together:

> We were very committed to staying on schedule together and keeping each other on schedule. We had our oral defense within six days of each other.

Compared with the two previous periods of Betty's life in which she described herself as experiencing "agitated depression", she was now "quieter, calm, peaceful and content." Being married to Phillip contributed to this new feeling about herself, but obtaining her doctorate was a significant factor. After experiencing failure and loneliness, and in spite of considerable achievements, Betty continued to have questions about herself. When she completed her doctorate:

> I really remember feeling that it's over, I don't know what 'it' is but whatever I was struggling with, whatever I was trying to prove, was over, and for the first time I finally knew it.

For Betty obtaining a doctorate degree freed her from the sense of feeling inferior to others:

> It was important to have that passage. Getting the doctorate freed me - free from my own doubts. Why did I need that ticket - probably to convince myself that I'm not dumb ... I felt like Martin Luther King. I'm free. I'm free at last.

Obtaining a doctoral degree helped Betty change her feelings about herself and was a symbolic event in her life.

In Jean's case she finished her doctorate just before her 31st birthday. Previous to enrolling in a doctoral program she was living with her friend Brenda in Florida and working as a nurse clinician. Jean had decided that she had exhausted her knowledge base. She wanted to work with her patients as a group, not just on a one-to-one basis.

When she finished the doctorate Jean wanted to return to Florida and set up a private practice. At age 28 she enrolled in a doctoral program in the western United States. The university was owned by the church Jean had joined a few years before and provided her with an opportunity to live in the subculture created by her church. Living in this environment enabled her to understand that:

> I'm not cut out to live in a subculture of any kind. I really enjoy living with people that think differently then I do. I think it helps you to be able to articulate better why you do some of the things you do.

At the same time the experience of attending a church school was a good one for Jean:

> It really blended, going to school and religious teaching at the same time, that your professors in class were also the people that taught you on Sunday. It was very enjoyable, to have that blend of theology with your secular studies.

Attending the church university enabled Jean to meet people who shared her basic philosophies:

> It seemed like finally I was meeting up with a group who felt the same way that I felt because for the most part I was fairly square, compared to my peers at that time of my life.

Another important reason Jean chose to attend the church owned university was that she thought there would be "tons of men around."

> I went through my early 20's just being caught up going to school and working and then in my later 20's, still at school, but really wanting to get married and to have a family, really longing for that.

Jean discovered that there were lots of men attending the university but most were already married. She did meet a man who was a few years younger than herself and just beginning his graduate work. The relationship did not work out. Jean felt one of the main reasons was that:

> We were never in the same place at the same time. When he wanted to get married I didn't, and when I wanted to get married, he didn't.

Jean and her male friend considered marriage when Jean was working on her dissertation. Jean felt she could not work on her degree and begin a marriage at the same time. She was "feeling a bit insecure" about her male friend:

> He was just starting graduate school and I was finishing my Ph.D., and I wanted to see this guy prove himself a bit. Is he really going to follow through? Is he going to finish this? .... I don't think I had that sort of faith in him.

During the Age 30 Transition Jean was preoccupied with finding a man and getting married. She wanted to have a family.

> In my late 20's and 30 and 31, it was very painful to be single and I don't want to go through that again, it was awful. I was very preoccupied with it and was always searching, looking ... I could see that it wasn't happening.

Jean completed a three year doctoral program in two years. She was bored with the first year courses. She knew much of the content from her nursing master's program. She challenged the first year courses and went into the second year classes. Working "around the clock" and in spring and summer sessions she completed the program with her second year classmates. Going to school had been a part of Jean's adult life for more than 10 years. Completing her doctoral program ended that way of life.

> The pattern is that I would go to school, work a couple of years, go back to school, work a couple of years, go back to school. Each time I finished a degree I said 'that's it,' ... at another level I was always thinking of going back again. It was a real let down for me when I finished my doctorate. I couldn't go back any more unless I was going to start in another field. It was over and it was awful.

With the completion of her degree just before her 31st birthday and with the end of her relationship, Jean returned to Florida with the plan "to live there indefinitely." Returning to Florida was a "big treat" at the end of her doctoral progrm. She had loved living there in the four years before she began her doctoral program.

> I loved the place. I went back and I just felt terrible.

The magic of Florida was gone.

The "other big carrot" at the end of her doctoral program was that she wanted to establish a private practice. She had contacts and got referrals. However, private practice was a disappointing experience.

> I waited for it and I hated it. I couldn't stand private practice because it wasn't stimulating. I couldn't sit there all day and just pump those (clients) through hour after hour. It wasn't enough variety for me and it was so isolated compared to what I'd been used to in school.

She missed school and the teaching she had done at university while she had been a student.

> I can't just do clinical, I've got to be able to teach and have some contact with colleagues.

Jean began to wonder. "Am I ready to go back to Canada?" She had been in the United States for seven years. She had also reached the point where she wanted more contact with her family.

> I wanted to see more of my family. I didn't want to see them just once a year at Christmas. I started to realize I was missing out on a lot ....

Jean returned to Canada one year after she completed her doctoral degree. She had obtained a position at a university on a faculty of medicine where she combined clinical practice and teaching. Jean's life during the Age 30 Transition changed in a variety of ways. Jean found returning to her former lifestyle difficult to achieve. With the completion of her doctorate Jean was forced to deal with the reality of not going back to school. She was involved in sorting out her needs for marriage and family with her needs for security. Private practice was not stimulating enough to substitute for the experience of going to school. She was beginning to reach out to her family. Jean's life showed a process of making choices to integrate aspects of the life structure that had been in the background in other periods of her life.

Also apparent in Jean's life during the Age 30 Transition is the process of questioning decisions that were made in the past - "Am I ready to go back to Canada?" A similar questioning process can be seen in Mary's life during the Age 30 Transition.

At age 28 Mary was living in eastern Canada. She had just completed her post-R.N. baccalaureate degree. She was encouraged by one of her professors to apply to a University in western Canada for a teaching position. Up to this point Mary had never lived far from her parents' home but now she was "sensing I wanted to try something different." She was offered the position and moved west during the late summer.

The first few months were a difficult time for Mary. She was "extremely home sick."

> I don't think I realized I was that home or family dependent until I moved away. I don't think it really struck me how far it was away until I got there.

During the first several weeks Mary would:

> be busy at work but was finding herself wandering around the apartment in the evening. I was studying music and there were two or three pieces I could not play. I'd break down and cry right in the middle of a piece ....

Mary felt "competent and not competent."

> Competent as long as I was in familiar territory, but it took a long time to become comfortable in a social environment, or with new people.

For Mary, moving out west "was the first big risk" of her life. The second biggest risk concerned changing her religious affiliation. She was raised as a member of the United Church. The United Church had been involved in "a change in their curriculum." Mary found this new orientation somewhat difficult to accept. She felt she did not have a solid base from which to make her personal decisions. She felt she had to:

> clarify my relationship with God and my perception of myself as a person. What was I doing with my life?

At work Mary met a colleague who seemed to have:

> some solid principles on which she operates no matter what the situation. She's got some

> solid unshakable principles and I don't have these.

Mary began attending this church with her nursing colleague. After a few months she decided to join this new church. Mary's parents did not understand her need to change churches and this caused some strain in their relationship.

> My parents did not perceive that there was a need for me to change religious affiliations ... and that posed a considerable amount of stress .... But I couldn't really let some of these personal relationships block my decision.

Mary joined a church with a more fundamentalist orientation than the United Church. The beliefs and values of Mary's new church provided her with "lots of consistency" and "lots of stability" and a "sense of who was really in control" which she perceived she needed at this time in her life. The teachings of the new church helped Mary:

> move into a much more subjective relationship with God - this isn't just a name or a thing, but a person, then it becomes a personal relationship. The more time you spend with somebody the more you get to know, the more you understand ... the more you can anticipate about that person. You get to know God by reading the scripture.

Mary's new relationship with God helped her find the answer to the question: What am I doing with my life? This relationship provided clear values and clear direction.

During the First Life Structure nine of the ten subjects were involved with working on their careers and with improving their academic qualifications. The Age 30 Transition provided these nine subjects with an opportunity to reassess their commitment to their careers. This commitment often included some shift in the focus of their career goals with a resulting need for further education. This work on careers and education was usually occurring at the same time as the subjects sorted out and trying to integrate other aspects of their life structure. The process of sorting out components like relationships, marriage, children, and religion often was a stressful experience.

One subject, Patty, had decided during the First Life Structure to leave nursing and to devote herself to the role of wife and mother. In her late twenties Patty began to feel the need to return to university and bring this aspect of her life structure back into focus. Patty and her husband Jack had returned to Canada when Jack obtained a position as a university faculty member. The early years of their marriage were happy ones.

> We had a really neat relationship, spent a lot of time together. We travelled a lot, skied a lot and had a lot of fun time with the kids. We enjoyed what we were doing around the house, had a good bunch of friends. We had a really nice life!

At age 28 Patty's second child was born. About six months after the birth of her child, Patty:

> started getting really antsy and wanted to go back to university and that was when I started thinking of a second master's and was going to do it in English literature, because English had been a major area in my undergraduate degree.

One evening Patty, Jack, and a colleague of Jack's were discussing the possibility of Patty returning to university for a second master's degree.

> I remember Jack saying 'that's a foolish thing, who wants a second master's? If you go

> on from here, you go on to a doctorate,' but I said 'that's for other people, that's not for me.'

By the end of the evening:

> We had decided that I was going to go on for my Ph.D. Not at all planned ahead of time - everything that happens to me in life is an accident ....

In the fall, Patty enrolled as a special student in the Ph.D. counselling program where her husband was a faculty member. She and her husband had talked about how Patty felt about helping and being with people:

> We spent months and months talking about it. I'd been around him for many years and had read most of his stuff ... I was familiar with a lot of counselling theory. It seemed like I was interested ....

The counselling program met a number of Patty's needs.

> It met the need I had to go back and study and develop something further. It met my need for being with people in a kind of helping relationship which was what propelled me into nursing in the first place.

Patty enrolled as a special student because:

> I really wasn't sure that I was going to do anything more than take a few courses.

During the same period of time, Patty's husband started being interested in the encounter group movement. Patty joined some of these groups.

> I did everything that I was supposed to do to be part of all of this and I realized I didn't want any part of that at all. I had a whole lot going on at home.

The next fall, at age 30 Patty decided to enroll in the Ph.D. program full time. She soon learned she was pregnant with her third child. At the same time her marriage was beginning to deteriorate.

> Jack began to experience himself as an individual and personally much more than he ever had in his life. It was a high-flying thing for him, just as though he was intoxicated ....

Jack was spending little time with Patty and the children. The group movement became his priority.

> That became his priority and the family seemed to be of much less priority. He was spending little time with us, a lot of time with the people that he was meeting through all this heady stuff, and neglecting not only us but the house.

For Patty this year was a "disaster" in the sense of her marriage. She continued her doctoral course work and passed her pre-candidacy examination. Her daughter was born in July.

> I went through a pregnancy that no normal child should have been born from. I could not believe that any normal child could be born out of such pain. I was positive that she would be abnormal.

After the birth of her daughter, Patty had a tubal ligation. She had been a practicing Catholic but now she "quit." Patty was feeling desperate in her attempts to maintain her marriage.

> I felt like I was always crying, that physical feeling that I was constantly crying, but I wasn't, I just felt like that all the time I was crying inside - just a desperate feeling. A lot of desperation in my frustrated attempts to reach Jack, and I couldn't reach him. There was just no way I could reach him ....

In October Jack moved out of the house. Patty "felt like I was abandoned, really alone." Nine months later Jack moved back home. Patty said:

> We went through I don't know how many counsellors who threw their hands up in despair.

Patty had now completed her course work and was doing her internship at the university's student counselling service and beginning work on her dissertation.

> I did not know how I was going to get through that degree - that was just more than I could bear. So much of what I supposedly learned during that time is just a big hole ....

In December Patty concluded that she could no longer remain in the marriage. At Christmas she "took the kids and left." The next few months of Patty's life were devoted to settling the children into new housing and working on her dissertation. Patty obtained a part time position counselling in a hospital counselling department. Throughout the previous three to four years Patty and her husband had maintained joint bank accounts and Patty had not experienced financial worries. As she was nearing the end of her work on her dissertation Patty began to realize:

> that it was going to be time for me to get a full time job and that actually was a turning point - I hadn't had a full time job since I was 22 or something. It had been a long time. Had I been married I would not have seriously considered getting a full time job. My kids were just far too young to consider that ....

At age 33 the Age 30 Transition was coming to an end for Patty. This period of time was one of intense personal turmoil. Her life structure had changed from a full time wife and mother to a life of a single woman with three small children. She began to realize she would have to obtain a full time job to support herself and the children. Patty was beginning to effect some control in her life by making decisions about ending her marriage and seeking out employment. She was working on a Ph.D. as a background event during the Age 30 Transition while her whole way of life was collapsing. Near the end of the Age 30 Transition she was beginning to restructure the major components of her life. The Age 30 Transition was a period of immense change in Patty's life. Although the change was profound the themes and issues she experienced were similar to the themes and issues in the life structure of the other nine subjects.

For the nine subjects who had been involved with working on their careers and going to school the Age 30 Transition was a time to reassess this career commitment and sort out the priority of their career in relation to personal commitments and emotional needs. Patty seemed to experience this process in reverse. She had been committed to the role of wife and mother and at the end of the Age 30 Transition was able to begin to make decisions about incorporating the role of full time worker into her life.

Comparison With Levinson's Theory

In Levinson's theoretical framework the period between age 28/29 and 32/33 was a transition period linking the First Life Structure with a new life structure. The primary focus of this period was to provide for an opportunity to reappraise past decisions and to make any necessary changes in the life structure. This transition provides a second chance to create a more satisfactory life structure and was often stressful for the subjects of Levinson's study.

All of the subjects of this study made fundamental changes in one or more of the major components of their lives during the Age 30 Transition. This process of restructuring was often stressful and for some subjects a time of personal crises. The Age 30 Transition usually began with some inner feelings of discontent and ended when the subjects had a clearer view of how the coming years of their lives would be organized.

During the Age 30 Transition the subjects were questioning past choices and making new ones. Although at times the opportunity, or the need, to make new decisions was forced on the subjects by external events in their lives, but the choices the subjects made seemed much more under their control than in the past. The sense of control was related to a growing sense of themselves as adults. This process of making choices was of a different quality than in the past in terms of ability and desire. The process of making choices was indicated in the steps the subjects took to direct the course of their lives.

Although the data gathered for this study show that the subjects were much more in control of the direction of their lives, the concept of the Dream does not seem to be in evidence.

Seven of the 10 subjects experienced mild to severe crises during the Age 30 Transition. The themes of these crises concerned feelings of loss, of loneliness, and of failure, primarily in their personal lives, but for some subjects in their occupational lives as well. The duration of these crises varied from a few weeks to a few months to more than two years. The onset of the crises seemed to follow a decision by the subject to make a major change in her life structure.

These changes involved moving a considerable distance from their home, their family and their support systems to go to university or accept a new job or changes like reassessing the decision to have a child. Two of the most severe crises occurred as a result of the deterioration of a marriage and in these circumstances the crises seemed to have been precipitated by events outside direct control of the subjects. Regardless of how the crises began the subjects experienced a fair degree of instability in their lives during this period of time. The process of forming a new life structure was often difficult and for some subjects extremely painful.

Three subjects experienced a reasonably stable Age 30 Transition as they reassessed various aspects of their lives. These subjects made few changes in their lives and the changes that were made seemed to follow from decisions they made during the First Life Structure. Two of these three subjects had experienced a mild to moderate crisis during one of the two earlier periods of their lives.

The process of forming an occupation continued for nine of the subjects and was re-established for one subject who had decided to spend the previous few years as a full time wife and mother. During the Age 30 Transition the subjects reassessed their commitment to their careers. The assessment enabled the subjects to focus on their long term career goals. One subject decided that she wanted to concentrate on nursing research. Another subject reaffirmed her commitment to clinical practice. Often the reassessment meant that the subjects would have to return to university to obtain the appropriate academic credentials. At the end of the Age 30 Transition seven subjects had decided that they wanted to work in an academic environment primarily as teachers, but three subjects had chosen a career focus in an academic community which included nursing research and nursing practice. Three other subjects did not seem to have a clear career focus at this point in their lives.

Again in the Age 30 Transition, as in the First Life Structure, continuing their education seemed like a way of life for these subjects. The decision to return to university was a conscious and a deliberate choice and was usually associated with the subjects having made some important decision about themselves. One subject wanted to have a Ph.D. in Nursing, another subject had decided that her child was her priority and that she could work on her doctorate during the preschool years of her child's life.

While all the subjects were involved in the process of forming an occupation in this period of time, the priority given to this task was highly varied from subject to subject and for each subject the emphasis often varied from year to year. Often going to university or working was occurring in the background, like music in a department store, while the subjects wrestled with other components or issues in their personal lives. The subjects were asking themselves questions about where they were going with their lives. The response to these questions often involved sorting out a number of personal issues concerning their relationships with parents, husbands, boyfriends, children, and in one case, a relationship with God and reassessing and rearranging their commitments and priorities. Subjects whose careers continued to be a priority in their lives, were concerned with similar issues. Marriage and children were a prominent theme that the subjects were trying to sort out. The Age 30 Transition provided the subjects opportunity to reassess the priority of their career in relation to personal commitments and emotional needs. Achievement in university (for example graduating with distinction or completing a doctorate) provided the subject with a heightened sense of self-esteem that she had not experienced before.

During this period of time there is some evidence of mentoring relationships for two subjects and some evidence of the impact of significant nurse leaders on the lives of two other subjects. These "mentoring" and supportive relationships occurred while the subjects were in universities, usually at graduate school. The subjects stated that these relationships often became collegial and/or friendship. For the subjects who had these relationships, the experience was a positive one in which the "mentors" shaped ideas and behaviors and provided some career direction in the subjects' lives. Mentoring relationships were not a common experience however for the subjects of this study during this period.

At the end of the Age 30 Transition two subjects were married. Three marriages had collapsed, two subjects had children, and two other subjects had ended long term male relationships. For the subjects who were married and/or with children, their focus on their career as the central focus in their lives seemed to be altered. The subjects were trying to find a way to combine their careers and their marriage and family responsibilities.

Another significant change, particularly among unmarried subjects, was the continued separation from parents. The subjects were moving away from family support systems and/or learning to accept parental disapproval of their personal decisions. The subjects were making decisions that they felt were in their own best interests.

The most prominent feature in the lives of the subjects during the Age 30 Transition was the process of reassessing and rearranging the various components of their life structure. The most prominent components were the relationships the subjects had established (and often ended) and their careers. A primary emphasis concerning careers was the continuing effort spent earning degrees.

The age related timing of the Age 30 Transition for these subjects was similar to that of the subjects in Levinson's study. The subjects were involved with a reassessment of past choices and creating a new life structure. However, the reassessment and reappraisal often called into question many aspects of their lives and had a profound impact on the lives of the subjects. Part of this reassessment concerned the biological time press and issues of intimacy as well as issues of autonomy and control. These tasks seem qualitatively different from the tasks of the men described by Levinson's study.

Second Life Structure

The Second Life Structure usually began around the age of 32/33 years. For the six subjects who had completed this period of their lives, the Second Life Structure lasted an average of six to seven years and ended an average at 39/40 years. Four subjects were interviewed during this period of their lives and for these subjects the data are incomplete. Compared to the Age 30 Transition, this was a much quieter, calmer period in the lives of subjects. The Second Life Structure usually began with the subjects pursuing the choices they set for themselves during the Age 30 Transition. The lives of the subjects became increasingly focused on one or two central components. As this period progressed the subjects seemed to get a clear notion of their longer term goals, both in their occupational lives and in their personal lives. Although the subjects were making changes in their lives, the changes were fewer and seemed more like adjustments in their lives, instead of the rearranging that had occurred during the Age 30 Transition.

The early years of the Second Life Structure were spent working on the decisions made in the Age 30 Transition. The major themes of these years can be seen in Betty's life during this period. Betty was interviewed at age 33. She described her life at this point in time as "immensely happy and tremendously hectic." Her life was built around two main components: her marriage to Phillip and her career. At the end of the Age 30 Transition period she had completed her doctorate and returned to the university where she had worked for a few years as a member of the faculty of nursing. Encouraged by the Dean, she applied for and was awarded a national research scholarship.

> I did not want it and I did not want to spend 75% of my time doing research. I really wanted to be involved in clinical practice.

Betty agreed to apply for the award because the monies involved would help alleviate the tight financial situation in her department. Upon her return to the university Betty also organized clinical practice opportunities for herself. The research award lasted three years and after three years she did not reapply for the award.

At the time of the interview Betty worked long hours - from 8:00 or 9:00 in the morning to about 7:30 or 8:00 at night. She had teaching responsibilities in four different academic programs. She continued her clinical practice in three different settings each week. Two of these clinical practice settings are in the teaching hospital associated with the university. The third is in a family practice clinic in the community where she works with a group of physicians and has her own case load. These clinical practice sessions are "the highlight of my career."

Betty recently was appointed the administrative head for one of the academic programs. Betty shares the administrative responsibilities with other faculty assigned to the program.

> I believe in the kind of leadership that spreads out the activities and lets everybody have a piece of the pie and a piece of the significance of the office.

Additionally she is involved with two research projects. To accomplish these activities Betty schedules her time quite carefully. In the mornings she works on her research and writing projects and teaching and clinical practice sessions are in the afternoon. The administra--tive responsibilities are fitted in around these other activities.

Since Betty completed her Ph.D., her career goals have changed from her personal need to achieve to helping others believe in themselves: her patients, her students, and her faculty colleagues. After she finished her Ph.D. Betty remembers thinking:

> It seems that I have made it. What direction am I going? What is making it? Is the doctorate making it? Is knowing all the content making it? Before it was knowing that I was smart. That is not making it for me now. Making it is to have a position where I can influence the widest spectrum of people and enable them to believe in themselves and that is making it for me now.

Betty believes that in the early years of her life people interfered, in less than positive ways, with her personal development. One of the reasons she wanted the administrative position was that the position gives her "the authority to gatekeep and not let teachers brainwash people's minds." Betty takes special pride in working with students who have experienced failure.

> I knew at a young age that I would be a teacher someday and I would show people how to teach other people. Give me the failure .... I have got two baccalaureate failures with me right now who are just shining. You know, you just have to believe in people.

In the longer term future, Betty sees herself continuing working at the grassroots.

> I do not want to be a Dean or the President of C.N.A. or any of those positions that might be viewed as important, because it would take me away from the task, from the people we serve: students or patients and I think I am really good at influencing people.

In her work setting Betty has a special, supportive relationship with Amy, one of the more senior nursing faculty. Betty describes Amy as her friend and her mentor. Amy helps Betty:

> by being the kind of person that I would like to be and having her approval of me, that sends me through the clouds.

Amy teaches Betty by constantly role modelling.

> She is an artist at intervening in a group and she does it in a simple way that no one realizes how profound what she just did was, and she knows exactly what she is doing.

Amy puts "Betty on important decision making committees." She nominated Betty for a teaching award and put her name forward for the administrative position Betty now has and "fought very hard for me on the search committee." Amy also "takes away opportunities when it would not be in my best interests." Betty feels Amy's hand "shaping my career."

The other, and most important, component of Betty's life is her relationship with Phillip.

> I just love my house and living with Phillip. I do not like to go out. I am a real home body. I do not like to travel. I just want to stay with him and he is very much the same way.

On Saturday Betty and Phillip "just go very slow." They watch the birds and talk and cook. Often on Saturday they invite people for dinner. Sunday is "our day to study."

The relationship has grown "more intense, more profound, more deep" than it was in the beginning. Betty believes some of the success of their marriage has to do:

> with both of us being alone so much and both of us being lonely for so long.

Betty describes Phillip as:

> a leader and a teacher of me. I have learned everything that I know that is important to know, he has taught me. I feel that I am quite ahead of my years in terms of my perspective because of him.

Phillip is many years older than Betty. Phillip's age has a tremendous impact on how Betty plans both the present and the future.

> The greatest fear of my life is that I will not always have him and he is just the most profound thing to me. I think that after he is gone I will have all this time to go somewhere ....

Betty is painfully aware of time in terms of Phillip's age.

> He just turned 50 and hopefully he will be around until he is 70 but 20 years is very short. I am aware of how short that is .... My only goal is to be with him and I do not care how ....

If anything should happen to Phillip, Betty believes that her "agitated depression" of the past would return. She wishes that "the present could last forever."

Both Betty and Phillip are ambivalent about having children. Betty's experiences as a child in a large family where "I never felt -really wanted" resulted in her decision not to have a child unless the child was "a very definite planned thing" that both she and her lover wanted. Phillip was a "surprise package" and grew up with "a very old father."

> He does not want to be an old father and he decided as a young kid that he would not be ... so here we are with some early decisions. Both of us would just love to have a child in one way ... but, God, life is perfect, how could it be more perfect? And so to have anything interfere with this temporary bubble is sort of hard to decide to do ....

Betty observed that for her "biological time is running out" so pretty soon the decision will have to be made.

Although the interview with Betty occurred during the first part of her Second Life Structure, the general themes of this period were beginning to take shape. Her life seemed to be organized around two main components, her relationship with Phillip and her career. The interaction between these two components is apparent. Her relationship with Phillip is the most important aspect of her life and her major personal need is simply to be with Phillip. Phillip's influence on Betty is such that without him Betty believes she would return to her earlier agitated behavior. Since her marriage Betty has experienced an inner calm that was not there before. Betty is in the process of organizing her career around that personal need. Her career goals are changing from her own achievements to helping other people achieve and continuing the past emphasis on her own clinical practice. She obtained and let go of a prestigious research scholarship because she does not want to devote so much of her time to research. Although Betty is involved in research, she does not want research to be the major focus in her career. Instead, she sought an administrative appointment that would provide her with an organizational base from which to influence others. In her career Betty is aided and supported by an older female faculty member and by her husband.

Like many of the subjects around the age of thirty, Betty was asking herself questions about the direction of her life: "What is making it?" For Betty the answer led to a change in the nature of her career goals. She is feeling the press of biological time in terms of her decision about having children. Even though she long ago decided not to have children, she describes herself as "the picture of ambivalence" concerning this issue at the moment.

All subjects were involved with working on some aspects of their careers during this period of time. This included continuing their education or paid employment. The nature of this work on their careers and the centrality of this component in their lives depended upon the decisions they had made during the Age 30 Transition.

During the Second Life Structure Gail's education and, in the latter part of this period, her work were the central aspects of her life. During the Second Life Structure she was implementing decisions made in the Age 30 Transition. At the end of the Age 30 Transition, Gail had decided to enroll in a Ph.D. in nursing program. At age 34 she resigned her faculty position and moved to a large American city on the east coast. Although she was ill with mumps almost as soon as she arrived at graduate school and missed the beginning of the term, Gail did not experience the crisis that occurred when she had begun her master's program. Gail described her experiences as a doctoral student as "the most stimulating experience I ever had. Every minute was busy." There were 120 nursing doctoral students enrolled. She had opportunities to attend a wide variety of seminars and find out what kinds of nursing research projects were going on and to participate in many university wide activities.

The faculty of the doctoral program included some well known nursing scholars and theorists. One was the chairperson of Gail's dissertation committee. Another offered a late afternoon seminar which Gail attended.

> We used to have a seminar from 4:00 to 6:00 and we never finished and we would adjourn to one of the local restaurants and be there until midnight talking with her.

Gail felt "eminently fortunate" to have the opportunity to discuss ideas with these nursing leaders. Her classes and evening discussions resulted in Gail changing some of her ideas about nursing.

> Initially when I went, it was a real shock, a chasm to leap over, to decide whether or not I was going to accept some of these new ideas.

In her studies Gail was being challenged to develop and to test nursing theory. The university where Gail had completed her master's degree and worked as a faculty member had been:

> heavily infiltrated nurse scientist territory. We never had any nursing theory .... there was a batch of nurse scientists from many, many different disciplines and to try to test nursing theory was a whole new thing. I was just floored how ignorant I was.

Gail completed her doctoral program in five years. After she was nearly finished her course work, Gail had to wait 10 months to receive permission from three city hospitals to collect the data she required for her dissertation. Once permission was granted she collected her data each day for two and one half years. She had changed the focus of her clinical interest from surgical nursing to the study of the nursing care of children.

Gail did not have financial worries during her doctoral study. For the first three years Gail worked as a nurse in a health clinic in a private undergraduate college of education. She lived in a small room in the back of the health clinic in a dormitory which housed 120 students. Being the nurse for these undergraduate students involved assessing and referring the students to medical care and running a clinic in the evenings:

> Some days I was home more or less than other days and I would have clinical hours in the evening so that it wasn't an overwhelming time consuming job, and I was there anyway typing papers or studying so it did not matter that I was on call most of the time.

In return for this work, Gail received her room and board. Because she she lived downtown near the graduate school she did not have transportation costs.

During this period of time Gail's doctoral program and her part-time work occupied most of her time and energy. She had joined a church and was involved with the choir but when she began to collect and analyze her data, she did not attend church regularly. Her male friend, Jim, visited her a few times.

> We really enjoyed that, but as I got into more things and just with the distance and lack of frequent communication ... that affects relationships ....

The relationship had come to an end. She did establish some new female friendships with colleagues from her doctoral program.

Gail had been in the United States for nine years and had spoken at national nursing research and scholarly meetings. Through these contacts, she received fifteen job offers as she was approaching the end of her doctoral program - "10 from American universities and five from Canada." She pared the job offers to three possibilities - "two in the United States and one in Canada." Gail was looking for a faculty position in a university school of nursing that had a philosophy "congruent with my philosophy of nursing" and a university that would provide a supportive environment for research.

> I needed a setting that would be supportive of a relatively green neophyte. As an independent researcher you need support from the system .... if I would always be hitting my head against a stone wall, forget it!

Coming back to Canada was not part of the decision making process.

> If none of the Canadian universities had been where I thought nursing needed to be and where it needed to move I would not have come. I would go somewhere else until I got some grey hair and then come in and take over and have the clout to change it ....

During the time Gail was sorting out her various job offers she became ill.

> It was New Year's Day, and in the back of my mind I thought maybe I was having an appendicitis attack .... I did not do anything about it until a couple of days later ... and by then I had no definitive signs other than a high white count and fever.

She was referred to a specialist and then given a number of tests. The referral and testing process lasted three months. Gail "was not feeling very good, I sort of dragged around." In March she was booked for surgery. There seemed to be a mass in her pelvic area. Unfortunately there was:

> a miscommunication between myself and the doctor ... my anxiety level was high. I may not have been hearing what she said.

Gail's surgery was delayed until April at which point she had surgery and was admitted to the intensive care unit. Though Gail was concerned about her own health her:

> overriding concern was my mother. She had problems with her heart ... so I could not tell them I was sick because they would worry and father had enough worry with her illness.

Before her surgery she decided to "get this job settled." Her first choice was one of the United States universities but the appointment at this university was delayed. She called the Dean at the Canadian university and accepted her job offer.

> I did want to have it settled before I had surgery. I am someone that likes to have my life fairly well organized ....

In July she was busy writing the last draft of her dissertation. she received a letter from the Dean in Canada suggesting that Gail write a proposal for a national research scholarship.

> She looked at my curriculum vitae and wrote me, 'you're at the end of your dissertation. you're probably writing a chapter: recommendation for further research ... would you write up a proposal and submit it in two weeks.' That is what I did.

The scholarship would enable Gail to spend 75 percent of her time as a nurse researcher. Gail saw her new dean as a very supportive person in facilitating opportunities for her growth: "She saw where I might be pushed in a most exciting way."

Gail returned to Canada in August. In December she passed her Ph.D. orals and in January of the next year she learned that she had been awarded a national research scholarship to start in April. At age 40 Gail was back in a Canadian university. She had completed a Ph.D. in nursing and she had won a scholarship which permitted her to devote most of her energies to research. She was busy organizing her research project.

During the Second Life Structure, Gail's time and energy were concentrated on her goal of obtaining a Ph.D. in Nursing. When she had finishing her degree she sought career opportunities in universities whose philosophies and organizational climate matched her longer term career plans to be an independent researcher. Gail was, at this point in her life, very clear about how her future career could be organized and actively sought ways to achieve her goals. Gail's career was the central component of her life structure during the Second Life Structure. Gail seemed very much in control of the direction of her life at this point in time and was experiencing a high degree of satisfaction.

A similar pattern can be seen in Ann's life during her Second Life Structure but in terms of her career the outcome was not as satisfactory. Ann had decided at the end of the Age 30 Transition that her son and her responsibilities to him would occupy the most prominent aspect of her life structure. This decision required that her career be secondary for the time being. She felt it would be easier to combine going to school and being a mother than working full time and being a mother. She had enrolled in a Ph.D. program in counselling in the same department in which she had completed her master's degree. Her husband was a student in the same Ph.D. program.

Ann had decided not to rush her doctoral work. She wanted to enjoy the process. Once she was involved in the program, Ann felt she:

> got more and expanded more than at any point in my educational development. It was a long unfolding process and I learned a great deal from the teachers, through experiences as a student and through the time I had to read. I just lavished in it.

Ann was able to study again with her master's thesis supervisor. This supervisor influenced Ann's "intellectual development very, very deeply." The supervisor used a very directed supervisory approach with Ann.

> He would have discussions with me - one to one tutoring. I would spell out my thoughts and then he would say, 'Well, have you thought about this? What do you think about that? Have you considered this? Why would you want to use that kind of a design? Are there other possibilities?' He was always leading, always asking for more than I was able to give, and I was challenged, challenged, challenged....

After a year in the doctoral program, Ann and her husband were experiencing marital difficulties and they separated for a five month period of time but were reunited. Ann thought she "was going under, academically, that year." She explained what was happening in her personal life to her supervisor. He said:

> 'That is the way it is going to be. You're going to audit this course, these are the courses you will take, and I will speak to the professors.' It was not a question of my having to go and speak to the professor. He would look after it.

Her supervisor aided Ann financially.

> I needed money and he always managed to scrounge the money for me from somewhere. I do not know where he got the money but he got it ....

Her supervisor supported Ann's decision to proceed slowly with her doctoral program. After two years, Ann "began to play with working on the side." She taught a nursing course as a sessional instructor at the local community college and did some teaching in the counselling department.

> It was an interesting blend of being a student and working. I really like that. I seemed to have the best of both worlds.

Ann continued with her course work and she was involved in her clinical practicum. She spent a year doing advanced counselling in a hospital group therapy program and was involved in collecting the data for her dissertation. At the same time she participated in a cooperative nursery school program for her son. When Ann's husband experienced some difficulties in his dissertation work, she decided:

> that this family could only really take one dissertation at a time and the first one to be finished would be him. So I put my dissertation on a shelf ....

Her dissertation remained on the shelf for one and a half years.

> When he finished his dissertation then I took mine up .... I did not pressure myself with or hassle myself with my dissertation.

Ann finished her dissertation a few months after her 36th birthday. Her son would start school in September and she began looking for a job. Ann had not worked full-time, except for an eight month period, since age 29. Ann had two job opportunities that she was seriously considering. One opportunity would have involved her again in hospital administration and the other was an appointment with the Faculty of Nursing at the University. While she was negotiating for these two positions, she had in the back of her mind that she would like to be involved in a work situation that would enable her to combine clinical practice, research and teaching. When she was a doctoral student she had an opportunity to work with her dissertation supervisor on an early childhood project that involved these three aspects. She had told the Dean of the Faculty of Nursing that she was interested in research and interested in working in the graduate program and that:

> I wouldn't come on deck as an assistant professor, that with my experience and my preparation if she was going to have me at all it was going to have to be an appointment as an associate professor.

The Dean was able to offer Ann an appointment at the associate professor level and she accepted the faculty position. Ann had thought that an appointment at the associate level would include tenure but, to her disappointment she was not offered tenure.

Ann was assigned to teach in the undergraduate program. This teaching assignment was not the assignment Ann wanted but she agreed to undertake it when a review was promised by the Dean. The Dean said:

> 'We have a need here in the undergraduate program, start there and prove yourself, and you can come and talk to me in a couple of years.'

After two years of teaching in the undergraduate program, Ann talked with the Dean and the Director of the Graduate Program. Her teaching assignment continued to be in the undergraduate program. Ann was beginning to feel quite disillusioned with her job. She was "hurt and angry" about not "being allowed to teach in the graduate program." She felt the heavy teaching assignment in the undergraduate program did not leave her much time for research and writing.

> My teaching load has been incredible and I am not achieving. I am not producing in the way that some of the other faculty are ....

Ann was feeling an absence of administrative support.

> I was learning I was going to have to look after myself, that the Director of the graduate program and the Dean were not going to do it for me .... Whatever I choose to do will come because of my own effort.

Ann began to wonder "that maybe this isn't the faculty for me." She was having difficulties establishing a place for herself in the Faculty of Nursing that would permit her to accomplish her goals. She felt dissatisfied with her work and was not producing. She had a sense that she was being held back by the absence of administrative support and heavy teaching load.

Although Ann was experiencing difficulties at work, she was learning how to integrate her career and marriage:

> Trying to combine having a family and having a career and having a marriage requires a certain kind of ego development and I know that I certainly didn't have it in my twenties. It was only in my late thirties that I got a handle on feeling that I was in a position to be able to integrate my career and marriage.

During her Second Life Structure, Ann's life structure focused on her son, her career and her marriage with her child as the central component. Prior to her late thirties Ann could not "put a male first in my life. Marriage was always secondary." During the Second Life Structure Ann was struggling to integrate her marriage more fully into her life at the same time she was re-establishing herself as a full-time career person outside of her home. She was having some problems succeeding in her career in the way she wished.

This theme of dissatisfaction or discontent with the quality of their work life, during their later thirties, was experienced by five of the nine subjects who had completed or were still in this period of their lives at the time of their interview (one subject was interviewed at age 33 and therefore data concerning the later part of this period were not obtained).

Ann's life structure changed in her later thirties when she began to work as a university professor full time. The process of beginning to return to full time work was a gradual one for Ann, but in her late thirties she was again employed full time outside the home. Returning to full time paid work coincided with the completion of her Ph.D. and the beginning of school for her son.

The theme of adjusting or changing some component of their lives in their later 30's was apparent in seven of the nine subjects for which data were available. Both these themes (1) adjusting and redirecting a component of the life structure in the later 30's and (2) feeling discontent with the direction her career was taking, can be seen in Kay's life during this period of time. The outcome in Kay's situation had the potential to be very positive. Kay was interviewed at age 36. She had just resigned her faculty position and was moving to the west coast of the United States where she had accepted a faculty position in a leading nursing graduate school. Kay had returned to Canada three years previously after the collapse of her marriage. She had returned because she needed to be "close to my support system."

At the end of the Age 30 Transition, Kay resigned her position as a faculty member in a school of nursing in a university in the midwest of the United States where she was working in the graduate program.

The Faculty of Nursing she joined in Canada did not have a graduate program.

> Career wise I knew that (university) was not as well developed as where I had been in terms of speciality development and nursing moving on as a discipline in the university .... I have learned a lot of things here but in terms of my intellectual development it has not been as good.

During the past three years Kay taught a course in the undergraduate program that has "nothing to do with my education."

> I teach something completely different. Not that I dislike that, and that I did not feel qualified for what I have taught here. I have a desire to keep current in my speciality and it is difficult here, where they are not as highly specialized. I have not really used my degree, expect in my research, I do not use it for the kind of teaching I am doing ....

Kay was involved in laboratory research in the medical faculty and she was conducting a clinical nursing research project with a colleague. She is involved in developmental aspects of the faculty such as writing briefs to government and sitting on university and professional association committees. She described her work as follows:

> It is not administration but it is a lot of input into gearing the system to allow us to develop ... rather than actually getting down to business and developing the knowledge of the discipline of nursing.

Kay's work "took up the majority of my time" during the past three years. She worked from 8:00 to 5:00 at her office or in her research laboratory during the week, frequently in the evenings, and two to four hours on the weekend. Most of the rest of her time was spent at home with her son. Kay "likes being at home" and a typical weekend was "probably fairly homebound." She socialized with her friends a few times per month. She saw her parents frequently. During the past three years Kay's life structure revolved around her work and her son. Kay stated:

> My work is extremely important to me, mainly because I really like it. If there were a crisis, my son would always come first, but he is becoming self sufficient.

Kay likes the variety of her work and the chance "to be autonomous and reasonably independent." She feels that being a nurse and having a Ph.D. "puts me in a powerful position with regards to controlling my own affairs." Kay likes ideas.

> I like to deal with ideas. I see myself as having the opportunity to be as creative as I am able to be and I think that is exciting. I have to motivate myself and I have to create what I want to create and I like that.

Kay has "the idea in my head" that:

> I like to try to create not necessarily unique but maybe expanded perspectives on nursing phenomena. I think that as an emerging discipline, there are all kinds of attitudes for developing knowledge. It is very exciting to me to know that it is present in nursing and that indeed I should be doing something about it because I have one of the higher levels of education in my discipline.

Kay feels she wants to be involved in expanding the body of nursing knowledge. Kay sees herself as a highly specialized scientist who needs to be involved in research.

> I see that research is to the scientist as painting is to the artists. Nursing needs to develop knowledge for its own practice. I am very interested in being in an environment that is concentrating on research and in being part of that ... not facilitating other people to do it but doing it myself ....

Kay's acceptance of the job offer from the American university enabled Kay to put herself "in the best possible climate for nursing research." She will be working again in the graduate program with both master's and doctoral students. The new faculty of nursing is "a highly specialized school" and "I have a highly specialized degree."

The new faculty position offers Kay an opportunity to collaborate with other nurses involved in research. The faculty of nursing where she worked in Canada had only one other nurse with a doctoral degree.

> I had a level of education that was beyond most people ... some people on the faculty seemed threatened by me. The problem was that everyone on faculty was expected to do the same things regardless of education.

Kay experienced difficulties working alone on research projects.

> I don't like working in isolation. I suppose if you are a strong enough person you can just go on ... I like to collaborate and I like to be around people who are dealing with similar issues ... we can challenge each other in terms of describing them and discussing them ....

Kay observed that she had not had "much mentoring" and feels this lack of mentoring most keenly in the development of her research program.

> Consequently I don't think I have accomplished as much. I am struggling to develop my research program and to do more publishing, and I feel alone. I feel to some degree that I failed at some things and it would have helped to have somebody who had already been there to pave the way.

At the present time Kay feels she has difficulties being a mentor to others because "my self image is not well enough developed."

One of the most important factors in Kay's decision to return to the United States was that there are nurses capable of helping Kay achieve her career goals.

> I now call it collaborative work, but I still feel the need to collaborate with people who have achieved a fair amount and who are competent in what they do.

Kay resigned her faculty position in Canada in April and was making plans to move to the United States at the time of the last interview. She is excited about her new job. At the same time she sees that she is taking a risk.

> I feel like I am taking a risk in going into a highly competitive situation in which I take a drop in rank and lose my tenure to be in the position of having to earn tenure and move up again, but I see myself as being a more competent person than I did in the past.

But she made the decision to move "on the basis of what was good for me. I was given an offer I could not refuse."

At the end of the interview each subject was asked questions about their awareness of their present age and about their plans for the future. Kay observed that she was "really aware of her age", in the sense of her personal life and in terms of her career. In terms of her personal life she had a keen sense of being single again at age 36 and having a five year old son to raise. She wondered "how old I am going to be when he is 15." In terms of her career Kay observed:

> How many years have I got left to accomplish the kinds of things I have set for myself in my career? I feel pretty comfortable with what I have accomplished so far. I know what direction my career is taking. I just have to get on with making sure it happens.

Her short term plans concern getting her research program established and obtaining funding. In the long term, in 10 or 15 years, she thinks she would like to be a Dean of a Faculty of Nursing or some similar leadership postion.

During the part of the Second Life Structure for which data were obtained, Kay's life focused primarily on her career and her life with her son. After having experienced a painful Age 30 Transition, Kay had taken three years to get herself settled down. Just before her 37th birthday she was preparing to return to a highly competitive environment of a leading nursing graduate school in the United States. Although this move was a "big risk", she believed the move was necessary for her to achieve her career goals of being a researcher and contributing to expansion of nursing knoweldge. Kay felt able to meet the challenge. Kay had a sense of what direction she wanted her career to go and saw that she must place herself in an organizational setting that would facilitate and support her personal growth. Although she enjoyed much about her faculty position in Canada, she felt that if she remained her career would be going in a direction not of her choosing.

Kay had defined her career goals and, in her late thirties, initiated a change of jobs to provide herself with the best opportunities to achieve these objectives. Kay was changing the location of her work, not changing the centrality of her career in her life. This change can be seen as a redirection and a commitment to her career goals. Kay has something she wants to do and a sense of urgency to be able to get on with doing it.

About halfway through the Second Life Structure Jean, like Kay, changed jobs. Jean needed "more autonomy" and she wanted a "more balanced life." She was interviewed at age 36. She had joined a Faculty of Nursing a few months previously.

Jean had returned from the United States four and a half years ago, at the end of the Age 30 Transition. She had accepted a term position in the Faculty of Medicine where she could combine clinical practice and teaching. Jean's role in the Faculty of Medicine was in a specially funded project. She had her own case load of clients. In addition, she supervised the work of eight professionals, providing consultation and support to them. Jean also taught in the classroom. She worked long and hectic hours each day and when she went home at night she was too tired to do anything. Jean felt she needed "to save myself to be sharp the next day."

> I had to be sharp, I had to be in there supervising, doing consultations, and be able to make a lot of decisions and make them quickly. I thrived on the responsibilty ....

Jean's work was a "marvelous experience" in terms of developing her clinical and supevision skills but the pace of the job was:

> not good for my personal life. I never work that hard. The intensity and the responsibility just seemed to absorb my whole life. It just ate away at my personal life.

She felt the position had too much clinical involvement and there was no time or energy for Jean to pursue her academic interests. However, one of the factors that always held Jean back from pursuing her career in the Faculty of Nursing was that she saw little clinical involvement by the faculty members, so she was afraid she would lose her clinical skills. She wanted to be involved in clinical practice.

She wanted more of a balance between her work life and her personal life.

Then several things happened simultaneously. The Dean from the Faculty of Nursing began "calling me", taking Jean to lunch and talking about the new graduate program the Faculty was developing.

> When she met with me originally, I was not interested at all in coming over to the Faculty of Nursing but now for the first time I heard myself saying 'but I would be interested maybe in a joint appointment.'

At the same time her term contract in the Faculty of Medicine was coming up for renewal. Jean began to explore the possibility "of getting off these limited term contracts" with her division head. A tenurable appointment in the Faculty of Medicine was impossible for her. Her salary was paid from a special fund and if the program terminated so did Jean's job.

> I could see it was academic suicide for me to continue to stay. I loved the academic setting. I wanted to stay in the academic community so things like tenure and sabbaticals became important.

The second factor was that Jean was:

> becoming to feel more and more like a round peg in a square hole, being the only non-medical person, the only non-psychiatrist, the only woman, that was getting to be more and more difficult ....

She realized that she would always be the "second person" in the hierarchy of the program in the Faculty of Medicine.

> He was always number one, and I was always number two, and it would be ever thus. I was reaching a point where I needed more autonomy. I needed a bigger piece of the pie. I wanted something of my very own ....

The third factor was that Jean wanted to be able to have a private practice and generate some extra income. The other faculty members (the medical doctors) could maintain a private practice within the context of seeing their patients.

> When my colleague saw clients he could bill them. When I saw clients it was part of the job. I was having more and more difficulty dealing with that ....

Jean was negotiating both with the Faculty of Nursing and the Faculty of Medicine. Eventually the Dean of Nursing made Jean an offer that "I would have been a fool not to have taken it." The Faculty of Medicine could not match the offer. Jean would have a full time tenure track appointment with a promotion to associate professor. She would maintain some clinical involvement with the Faculty of Medicine. She would teach in her speciality areas and she could maintain a private practice. Jean resigned and joined the Faculty of Nursing a few months after her 36th birthday.

> My four years, they were absolutely marvelous in terms of giving me more depth in my skills and in terms of getting a bit of a profile and some credibility. I know it paved the way to get such a lovely offer. But I was not able to manage the demands and have more balance in my life. My life was all work.

Since Jean has joined the Faculty of Nursing the pace of her work life has lessened. She is involved with classroom teaching and supervises a group of nursing students in a community clinical setting. She consults in the Faculty of Medicine and has a small practice. Jean is busy but:

> there is not the intensity, that extreme pressure and I have much more autonomy and more freedom to pursue interests and develop ideas ....

She goes home in the evening around 5:30 p.m. and has time to read and to relax. She is trying to be more active physically and has enrolled in some self interest courses. Jean has plans to travel more than she did in the past.

Jean lives with her girlfriend, Margaret. They have lived together for the past 10 years.

> We decided if we were going to live together then we would act like a family. We plan our lives together, we travel together, we are considerate of the comings and goings of each other, we take an interest in each other, in our goals and our dreams.

If Margaret were to get married, Jean would live by herself.

> The only other person I would want to live with is a fellow, a husband. I do not want any more female roommates at this point.

Margaret has been a tremendous influence on Jean's life. They both belong to the same church. Margaret supported Jean in the earlier years when she joined the church. Margaret is the person whom Jean relies on for day to day problem solving and with whom she discusses both personal and career issues.

Jean's other closest friend is a "fellow." He and Jean are extremely close:

> ... but I would never marry him in a thousand years. We are so opposed on so many things value wise but I can talk to him. I need him in my life but it would not work as a marriage.

Jean and her male friend have talked about marriage.

> Certainly we have talked about marriage. We have entertained the idea and both agree that there are just some areas that we are diametrically opposed. It does not interfere with our friendship but it would interfere with a marriage relationship.

Around the age of 30 Jean was preoccupied with getting married. Now that has changed.

> I still think it would be nice to get married. If that happened I would be happy and that would please me but if it does not happen it is not going to be the end of the world for me.

Sometimes when she sees a young family in church, Jean feels "very sad that I have not experienced that." At other times she looks at a family and thinks:

> I don't think I want to. Do I want all that responsibility and challenge at my age?

Jean occasionally thinks about being married and staying home.

> I would like to experience it for a few years. I am 36 years old and I have never made a pie. I do not know how long it would last but I would like to try it for a while.

At the moment though, Jean's life is very full.

> If a man entered my life it would be difficult for me at this time. I really would have to make room for him because my life is filled up. If somebody came along I would really have to shift some of my relationships and shift some of my work. I would have to make room.

Jean's goals, at the present, involve "either my career or travelling." She is interested in writing a book and has been talking with publishers. She is active in her professional association. She often is asked to present papers or give workshops in different parts of the country. She observed that "work is my marriage ..." and she is content with her life.

At age 36, Jean seems very much in control of the direction of her life. For four years she had worked long hours at an intense pace to be successful. She broadened her skill base and obtained some visibility as a competent clinician, but her life was all work. Jean was dissatisfied with the time and energy her work consumed. She wanted more balance in her life and more autonomy. At age 36 she negotiated a position with the Dean of Nursing that would provide her with both security and autonomy and with opportunities for continued clinical practice involvement. Jean is in the process of changing some of her work goals. Now she has some energy and time for a life outside of work. In addition to her career, Jean's life is organized around her involvement with her church and her relationships with her two friends. Jean described her life as "filled up" and if she were to add a new component she would have "to shift some things around." Around age 30, Jean was preoccupied with getting married and having a family. At age 36 she has, at best, ambivalent feelings about having a child at her present age, yet she occasionally fantasizes about a life as a homemaker. If an opportunity to be married and have a family occurred, she would set aside her career for a short while and take the opportunity.

While the Second Life Structure was a calmer, more relaxed period in the lives of the subjects, seven of the nine subjects on whom data were gathered experienced a desire to change the quality of one of the major components of their lives in their middle to later 30s. These changes were not accomplished in the "crisis" atmosphere of the Age 30 Transition but their consequences often had profound influences on the subjects' lives. The nature of the changes depended on the component of their lives about which the subjects felt some discontent. Often the discontent was experienced in their occupational lives. The readjustment of this component had an influence on the other components in the lives of the subjects.

The theme of the need to change or adjust some component of her life structure to improve the quality of the component can be clearly seen in Patty's life during this period of time. In her later 30's Patty wanted to be more independent and autonomous in her work and in her personal life.

Patty was interviewed at age 39. She was struggling with the time and energy she had to put into her career. She wanted to make a change but she had not sorted out how this was to be achieved. The Age 30 Transition had ended for Patty at age 33 with the realization that soon she was going to have to work full-time. She decided that "if I am going to work full-time, I am going to make up my own job." She had been working part time at a hospital counselling service. Patty had been impressed with the Executive Director of the hospital and approached him about a full-time job.

> I told him that I thought he could really do well with somebody with a nursing background and a counselling background in the research and development department.

The Executive Director agreed and together they created a position for Patty in the hospital. Patty finished her dissertation at age 34 and began to work full-time. She was enthusiastic about the job at first. Her position had hospital wide involvement. She was doing some teaching for the nursing staff and developing new staff training programs. After a year "a lot of changes" occurred at the hospital. Her supervisor was new, a man younger than Patty, with a MBA, who believed in punctuality.

> I was working a 9:00 to 5:00 job where I almost had to punch a clock.

Patty was feeling "stifled" at work. She would design programs and write up proposals, but "it was really a struggle to try to carry something out." She felt quite frustrated. Patty wanted "more freedom. I wanted autonomy, I was cramped."

She began to think about working in a university. She had spent:

> years and years of my life around universities and thought that was where I wanted to be.

Patty's idea about teaching in a university was derived from observing her ex-husband.

> I had lived with Jack for many years. He was just really casual about hours. He took five months off in the summer that kind of thing, and I thought ah ha, this is perfect for me. I can have the life I want with my family and I can still work .... I would be able to teach and I would be doing what I wanted to do.

Patty began looking around for university jobs. She was interested in working in the Counselling Department but that option was eliminated because her ex-husband worked there. Patty thought about the Faculty of Nursing. She had done some teaching with the nursing staff at the hospital. Patty made an appointment with the Dean of the Faculty of Nursing and discovered there would be a tenure track faculty position available if she was interested. Patty accepted the offer.

> It was not a well-planned career move, it just happened. I did not check anything else out except private practice.

She had not worked in nursing since age 24. At age 36 she joined the Faculty of Nursing. Patty had absolutely no idea what a faculty of nursing would be like, "and it was the shock of my life." She discovered that she had to work hard to reestablish herself:

> back in a field that I just didn't plan on getting back into. It has taken up much more time than the 9:00 to 5:00 job at the hospital where I never had to take any work home. I put much more time and energy in here. It has taken up more of my life than I wanted. It was kind of a surprise to me.

Patty's idea of teaching in a university was far different from what she is experiencing. She enjoys the teaching aspect of her work and puts a lot of time and effort into being an effective teacher. She teaches in the undergraduate program and during the term makes herself available to the students for discussions about their projects.

The most dissatisfying aspect of her work is the time she spends in committee work:

> It never gives me anything. I don't know of any need that I meet working on committees.

Her important relationships are not in the working setting.

> My important friend relationships are not on Faculty. They are outside of the Faculty so it is not important for me to spend a lot of time with people at work. I am with people that I would probably not choose to have as friends. I will spend the time that is necessary.

During the day she works "full tilt", taking her lunch and coffee breaks in her office so often she will not have so much work to do at home. But she often has to mark papers or do similar kinds of paper work at home in the evening or for a few hours on the weekend.

> I sense that there is always more to do than I can handle. That is probably a dissatisfying part of the job, there is never enough time to finish the reading, or even make a dent in the reading I have to do ....

Patty would like to have more time for writing and research. She is gathering literature on topics that she is interested in pursuing and she finds herself feeling frustrated that she has so little time to devote to these activities. The activity Patty finds most rewarding is "continually learning new things about topics" in which she has an interest. She tries to schedule some time each week for this type of reading.

Patty experiences several areas of dissatisfaction in her life at work, but:

> I am not sure though, if I am not satisfied with my work. There are frustrating areas in my work - or if I am not satisfied with the place of my work in my life.

She feels that:

> much too much of my life is devoted to this - it is not a priority in my life and it is taking priority time.

The priority of Patty's life is her relationships with her three children and her second husband, Wayne. Her relationship with Wayne began shortly after the break up of her first marriage. Patty experienced considerable inner conflicts in this new relationship:

> I did not think Wayne was right. I fought it all the way. I fought my relationship with him from the beginning. I did not want to be with him. I did not want to admit to anybody that I was living with him. It just seemed altogether wrong ....

Patty at first had difficulties dealing with the fact that Wayne was a few years younger that she was.

> I feel pretty much okay with that now, but at first it was hard.

Wayne lived a "super casual" lifestyle when Patty first met him. He rode a motorcycle and had long hair and this lifestyle did not match Patty's lifestyle at all.

> He did not match me, we were the most mismatched, socially mismatched couple, and I had difficulty bringing him into my social circle, and refused to do it for a long time.

Patty was concerned that her friends would not approve of Wayne and "would look down on me for being with him."

Patty and Wayne lived together in Patty's house and during this time they separated three or four times for varying periods of time - two weeks, a month, or longer.

> I was never sure, and so I was always the one who was able to throw him out. I could say I don't want to live with you anymore but you are in my house.

These uncertainties lasted up to a few weeks before she and Wayne were married when it became clear to Patty:

> how important he was to me and the other thing was that Wayne made some changes. He sold his motorcycle and cut his hair, and actually somehow became more acceptable and presentable. Now he is so straight, people would wonder about me.

She had received positive feedback about Wayne "from people who did know him." Wayne quit being a full-time graduate student and started to work. Patty and Wayne were married when Patty was age 37. Patty observed that she "likes being married." Marriage represents a long-term contract of commitment and continuity.

Patty observed that she "really has two full-time jobs." During the week she and Wayne try to share household responsibilities but:

> I feel like I am the manager of the place and I have to say, 'This has to be done now' and I

> delegate who is going to do what, when, and leave notes all over the place. I hate that role, really hate it.

Patty and Wayne have frequent discussions about the fact that Patty is "carrying much more of a load" than Wayne around the house. In addition to her career role and her role as wife and household manager, Patty is the mother of three pre-adolescent children. She tries to spend individual and group time with her children. One of her objectives is to maintain open communications with all three children, but especially with her daughters. She reflects on her less than positive relationship with her own mother and wants to ensure this does not happen with her daughters.

When asked about her plans for the future, Patty observed that her plans have:

> very little to do with my career. I have no great ambition career wise and everything to do with my personal life ....

She would like a life with her family that would provide time and space and quiet, perhaps living outside the city. She sees herself surrounded by all the books "I have wanted to read." Patty said she will be very disappointed if she has:

> to continue working like this for many more years. I do not want to spend a lot of years of my life in this way. This is too demanding, too much doing what I do not want to do.

Patty believes that she will make some major change in her life "probably in another five years, when I am about 45 or so." At the present time she is beginning to try to sort out what is important to her in terms of her career and personal life.

> Is there anything that I am doing that I still want to hang on to? I am trying to sort out what is important to me that I can still hang on to and what I can let go of without looking back.

This sorting process is the beginning of the next period in Patty's life, the Age 40 Transition. Here the components of an individual's life are re-examined, rearranged, and/or recommitted. Near the end of the Age 30 Transition, Patty made the decision to leave an unsatisfactory marriage. As a consequence Patty had to work full-time outside the home to support herself and her children. During her Second Life Structure, Patty resumed the role of paid worker full-time and is presently struggling with the conflicting demands of her job and the family life she wants and dreams about. Her life structure is focused on her relationship with Wayne and her three pre-adolescent children and her career.

Patty is experiencing considerable dissatisfaction with the place of work in her life. Work is not a priority for Patty, but her work consumes valuable time and energy. Yet Patty must work outside the home. In her late 30s Patty changed jobs in an effort to be less subject to control by her boss and the organization which employed her. Patty's new job did not provide her with the autonomy and freedom she had expected. The ability to behave in autonomous and independent ways is evidenced in Patty's decision to remarry. During her early 30's Patty was struggling to integrate her relationship with Wayne into her life. She did not approve of some aspects of his behavior and she worried about what her friends would think about the relationship. In her late 30s, Patty began to realize how important Wayne was to her and remarried.

During the Second Life Structure, the lives of the subjects were primarily organized around achieving the occupational and personal goals set during the Age 30 Transition. The subjects often made adjustments, particularly in the later 30's, to enable them to better achieve their career or personal plans. In their later 30's, the subjects experienced a desire to be autonomous and independent. Rarely did the subjects radically alter their life structure during this period of time. Lynn's life during the Second Life Structure is an exception. In her later 30's she set her career aside for a few years to be with "the man of my life." Lynn's life also shows the impact of organizational crisis on career planning.

Lynn had been working for several years as a faculty member in a diploma school of nursing. These had been happy and productive times for Lynn. She was learning a lot about teaching, about program development, and about curriculum. She had planned to stay at the institution for a few more years. The nursing program had been growing, adding students and faculty. Lynn had developed a close working relationship with "the powerful and charismatic" head of the nursing program. This close working relationship became upset with the arrival of several new faculty members. Conflicts began to arise amongst the faculty members.

Over a period of a year, the situation had deteriorated into a major crisis in the faculty and there were:

> a lot of mixed up relationships, a lot of emotion in the environment, a lot of pressure

> from the institute because of the particular problems that a nursing department has in any general education setting.

At the same time the head of the department was offered a more senior administrative appointment in the institute. When the situation finally came to a head:

> It carried to the top of the institute, there were investigations and in the end one faculty member was asked to resign and the other was suspended and the chairmanship of the nursing department was open.

Lynn applied for the position but did not get the job. Another faculty member who had been a central actor in the conflict within the faculty got the position "and the department went to hell in a basket." Lynn was appointed to the second administrative position in the department.

> It was just a terrible period of time, there were new people that came and left within six months.

She was the senior member of the department and found herself in the middle between faculty and the departmental head. The faculty were experiencing considerable difficulties working in the environment and would come and complain to Lynn. As a result of being in the middle of a conflict situation Lynn learned:

> about the effects of hostile environments on people who are working in them, and how destructive the communication of unsatisfied faculty can be to a program. I think I grew up in that seven years.

While she was experiencing a crisis in her work setting Lynn's father had been diagnosed as having cancer. These were difficult months for

Lynn. She decided that she had "to get out of the situation." Lynn was due a sabbatical and she applied for it.

> It was just an out. I didn't go seeking a Ph.D. It was not my life's ambition. I had a master's degree and I had a sabbatical. It just seemed like the thing to do.

Lynn lived in a city with a large faculty of education and began to explore the possibilities of enrolling in the Ph.D. program.

> I loved education--I really enjoy it. I saw myself staying in education, maybe the university would be a place ultimately to work. But no one said to me, 'You should go out and get a Ph.D.', and I certainly didn't say that to myself until the last year when I thought 'I'm going to get out of this somehow and there's a good opportunity.'

She thought that a Ph.D. would be a useful and valuable degree to have particularly in nursing.

> I thought the Ph.D. would give me more options as far as employment was concerned.

At the same time Lynn was worried about whether she could do a doctoral program.

> I didn't see myself as being able to do a Ph.D. and wondered what would happen when it actually came right down to the crunch in terms of the dissertation. Could I really hack that. I thought it was going to be damned hard!

She applied for admission to a department of adult education. She experienced difficulties being accepted by the University because she did not have:

> enough hours in my master's degree--they could not specify any particular lack of knowledge of content, just hours!

The first year back at graduate school Lynn completed requirements for a second master's degree. Then she was admitted to the Ph.D. program at age 36. She changed her program focus to curriculum development. She thought that adult education was "a pretty soft department", lacking vigour particularly in the area of research. The department of curriculum suited Lynn's background better than adult education and offered her "a chance to build a theoretical base for some of the things that I had been doing."

The other reason she changed departments was that Lynn had "met the man of my life in the curriculum department." The man, Robert, was a professor in the curriculum department. Lynn had enrolled in one of his classes. Robert was one of the "top people in his field" with extensive experience in research and publication. He encouraged Lynn to be more scholarly in her writing. Robert was part of a large multi-disciplinary research project. Lynn obtained a research assistant position with the project. Her involvement with this research project was "an absolutely terrific experience."

> It put me in contact with people from every department at the University. It gave me experience in communicating with computer types. I became an observer on the project so I learned a great deal about systematic observation.

During her first year in the doctoral program Lynn worked on the research project and was completing her course work. She was satisfied with her Ph.D. program.

> I had a very good experience. It was not easy but it was not that difficult either. It was hard work and endurance.

Lynn had begun collecting the data for her dissertation during the first year and continued into her second year. In the late fall of the second year of her Ph.D. program, she left Canada and went to The Far East with Robert--"he went and I went too." She was in The Far East for three years.

For sometime prior to their leaving for The Far East, where Robert was a member of a UNESCO team, Lynn and Robert had been living together. During the time she was in The Far East Lynn could not work because she did not have a work permit. She worked on her dissertation, wrote an article with Robert, edited the proceedings of a conference and did some unpaid consulting with the University but most of the time:

> I just enjoyed myself, I met a lot of new people, walked into the jungles, went to the theatre and did all manner of different things. It was the only period in my life where I have not worked because I could not.

After two years Lynn returned to Canada to finish her dissertation. She could not proceed any further on the dissertation without access to a computer. She wanted to get "the thing over with." Lynn lived with a girlfriend and "wrote like hell" for three months. She completed her Ph.D. at age 39 and returned to The Far East to be with Robert.

Lynn felt she was in a "peculiar position" during her stay in The Far East with Robert. She was not able to work and had difficulties establishing contacts with people outside her home. With limited financial resources she and Robert could not afford two cars so she was without transportation.

> I felt very much like a housewife whose husband is out there in contact with other people and she is at home with the kids. That

> is the closest I ever came to that kind of thing and I did not like it very much.

Lynn had usually made friends and had contacts through her work. In The Far East:

> The contacts I made were through Robert and his work, and I did not particularly like that. It was not satisfying for me. I felt very dependent for those contacts and I have never felt that way before.

Lynn was able to establish some independent contacts in the world outside of her home towards the end of her stay in The Far East. The experience of being dependent and somewhat isolated was a new and uncomfortable one for Lynn. "I would never have settled for that kind of relationship." The circumstances in The Far East at the time however required that, if she wanted to be with Robert, dependency would be one of the consequences. Lynn knew the period in The Far East was for a limited time. But when she made the decision to go with Robert:

> the relationship was more important than other aspect of my life at that time. It was probably the only time that I could have made the decision as easily as I did. I had not committed myself to a new work position. I was in a free position. I had no commitments .... If I had been in a job situation that I was involved with and wanted to continue I do not know whether I would have made the same decision. I do not know what I have done.

As Robert's research project neared completion, Robert and Lynn began thinking about where they would like to live and where they would like to work.

> I did not want to move around the rest of my life, I wanted to find some place that I felt I could work, be satisfied, make a contribution and enjoy the environment.

Lynn and Robert were looking for jobs and a place where they would live on a permanent basis. They wanted to work in major centers and the west coast of Canada was the most preferred place. Robert's research project would not be finished until December, so Lynn returned to Canada by herself to secure a university faculty position for the coming academic year. She had received an offer from a small university in the northern part of central Canada.

> It was a new project, a new idea, and a new challenge as far as building a very different kind of experience for a student.

Lynn was interested in this position but Robert did not want to live in the town where the university was located. The universities on the west coast did not seem to have money to hire new faculty. Lynn received an offer from a university in Quebec.

> The position sounded interesting and exciting and met the criteria that I was looking for in a job--new program, new ideas ....

Both Lynn and Robert saw the city where the university was located as an interesting cosmopolitan city which might be fun to live and work in. The position Lynn was offered seemed to provide her an opportunity to make a contribution to the development of a new nursing program. At age 40 Lynn accepted the job and in September moved to the city in Quebec. Robert joined her in December.

The Second Life Structure was ending for Lynn. Her life structure had changed during this period of time. She had added a new component to her life. Up to the time Lynn met Robert, relationships with men had never had a direct influence on the decisions she made concerning her life. In her later 30's the relationship with Robert was more important to her than any other aspect of her life. She set aside her work on her doctorate and went with Robert to a strange country thousands of miles from Canada. Lynn had an opportunity for an intimate personal relationship and she took it. For the first time in her adult life, she was not able to work and felt dependent on Robert for contacts outside of her home. Lynn felt like a housewife and this experience was not satisfying. With the completion of her Ph.D. and the end of Robert's international project, they made plans together for the next period of their lives. They had clear ideas about the kind of place they wanted to live in on a permanent basis. Lynn also had clear ideas about the kind of position she wanted in terms of her career. Lynn might have not met Robert or completed her doctorate if the crisis had not occurred in the nursing program where she had been working for a number of years. Unlike most other subjects who had made adjustments in some aspects of their lives during their later 30's, Lynn added a new dimension to her life.

One other subject added a new component to her life at the end of the Second Life Structure. Louise had spent her 30's getting ready for her second marriage which occurred at age 39 years. At the end of the Age 30 Transition, Louise and her male friend decided that they would both go and complete their master's degrees and if they were still in love when they were finished, they would be married. At age 33 Louise left her position at the hospital and went to a university on the west coast of the United States. She completed her master's degree in one year and returned to her former city. Paul returned to the city as well. He had finished his master's, and Paul decided he wanted to establish a private practice.

> He made up his mind after he had finished his degree that he wanted to set up a practice himself and I decided I would at least go and finish my Ph.D. course work and when he was established we would marry.

Louise had returned to work at the hospital as a nursing supervisor for one year after she finished her master's degree. While in this position she was approached by the Director of the School of Nursing to join the Faculty. The School of Nursing was involved in a curriculum change and needed an administrator. Louise accepted the offer because working in a university was part of her career plan.

> I wanted to work in a university for a while before I returned for my Ph.D. and I told the Dean 'I will stay for two years and help set up the program, but after two years I will leave to study for my Ph.D.'

While Louise was changing jobs, Paul was establishing his private practice in a small city.

> When I heard that Paul was setting up his practice in (city) I almost died because I thought what in the hell am I going to do with myself .... I thought maybe I could commute ... that would be more stimulating.

After two years at the university, Louise resigned. At age 37 she had been admitted to a Ph.D. program in the United States.

Louise enjoyed the University and was pleased with her course work but she was unhappy.

> I loathed and detested the city. I hated the cold climate, all that rain and foghorns. I felt depressed. I have never been unhappier.

After one year Louise wrote to the Dean of Nursing in the University where she had completed her master's degree and requested to transfer to finish her Ph.D. The university was:

> my favorite University and my favorite place in the world. If I had not married, I would have stayed.

Louise was able to transfer and she received credit for her course work.

Paul was establishing his practice and "doing very well." Louise and he considered getting married.

> We were of half a mind to marry before I transferred but we decided to wait until I finished my course work.

One year later the course work was complete. While she was in the process of studying for her comprehensive examinations, Louise was making arrangements for her second marriage. The marriage was to take place between her written and oral examinations.

> I finished my oral. He came down between the written and oral. I stuck him in the library that night. I was facing exams. He read in the library, I read in the library and the next day we went out and got married.

Louise was remarried at age 39. Paul and Louise spent three days together and then Paul left. Louise returned to her studies.

A few weeks later, on a Saturday, Louise arrived in the small city where Paul had his practice. She moved into his bachelor house. Monday morning Louise started to work on "setting up" a new diploma nursing program in the local community college. Louise had met the Director of the program during the first year of her doctoral studies. The Director offered Louise the position. Louise had planned to:

> take a year off and take a breather and get my house in order and have a year of marriage without anything interrupting. We have waited a number of years to get our careers all going, all intact ....

Louise was not terribly enthusiastic about her new position.

> I had no intention of staying on in the college, never had any intention at all. I was not interested in working at the college .... but that was the only thing there .... It was a dead end in many ways in terms of my own career.

The Second Life Structure was ending for Louise. At the end of her 30's Louise was about to begin a new period of her life. She was remarried and living in a small prairie city where the career options for herself were limited. Louise had spent her 30's getting ready for the time when she would be remarried. She had a number of goals to achieve before she remarried, including the completion of her master's degree and doing her doctoral course work. Louise wanted to make sure that Paul was well established in his practice. During the Age 30 Transition Louise had decided that she was not going to make the same mistake in her second marriage as in the first. This meant that the groundwork for this new marriage be laid extremely carefully.

In the middle to later 30's, many of the subjects were experiencing conflicting struggles, trying to deal with issues concerning marriage and intimacy and to balance these decisions with their desire to get on with their careers. In the middle to later 30's, there is a sense that there are a number of unfinished pieces in their lives that still need to be either put in place or set aside. These unfinished pieces were highly varied and included the desire to establish a place in the nursing community as an independent and credible researcher; a need to find a work setting that permitted longer term career goals to be addressed; obtaining more independence and autonomy in work activities; having more balance in life; experiencing intimacy and marriage relationships; and finding a way to give family priority time and energy. Some of the unfinished business could and would be sorted out during the Second Life Structure, and some would remain as the subjects moved into their 40's.

During the Second Life Structure, seven of the 10 subjects continued their formal education - four subjects completed their Ph.D.'s and three subjects finished master's degrees. One of the subjects who completed her master's degree also completed her doctoral course work. The decision to continue their education was a deliberate, usually well thought out choice similar to the kind of decision making that was occurring in other aspects of their lives. The reasons for continuing their formal education during this period were highly varied and usually were greatly influenced by what else was happening in their lives. Gail's completion of her Ph.D. was related to her desire to continue working in universities and her growing interest in nursing research; Lynn entered a Ph.D. program as a way out of an unpleasant work situation; Ann entered a Ph.D. program at the beginning of this period because going to school and being a mother was easier to balance than working full-time; Patty was completing her Ph.D. program when she realized that she would have to work full-time to support herself and her children; and Louise wanted to finish her master's degree and her doctoral course work before she remarried. Continuing their education at this time was not usually a decision made to obtain some long-term career goal. Continuing their education was an activity that had to be finished or could be undertaken given the happenings in their lives. However, the completion of the degree often enabled the subjects to identify and seek out positions that met longer-term career goals.

Two other subjects, Julie and Mary, were working on their master's degrees during the Second Life Structure. In Julie's case she obtained her master's degree because she wanted to teach in a baccalaureate program. At the end of the Age 30 Transition Julie moved to western Canada, having accepted a position teaching in a certificate program offered by a faculty of nursing. She was the youngest member of the Faculty. She had just completed her post-R.N. baccalaureate degree. Although she did not know anyone at the University, a friend from university was employed in one of the city hospitals and they spent a lot of social time together. Julie enjoyed being in western Canada and she was excited by her job at the University. Julie had been teaching in the certificate program for two years when an opportunity occurred for her to pursue a master's degree. The Faculty was beginning a process of redesigning part of the undergraduate programming. Few of the faculty members were prepared with master's degrees and the administration of the School was encouraging faculty to upgrade their education. Julie took advantage of an offer of financial support:

> I wanted to teach in the baccalaureate program. I set my expectation in terms of what the university expected of me and worked toward them.

At age 35, Julie received financial support from the University and enrolled in a master's of nursing program at the west coast of the United States. She was not enthusiastic about the master's program.

> I did not enjoy my master's program very much. It was a lot of repetition of study I had done at university and in many ways at a lower level.

Julie had little difficulty obtaining grades of "A" until the last course.

> I had a professor who called my bluff and said, 'You have been getting A's without any work, you are not going to in this course. If you want an A you are going to produce' and I had to work my guts out but really enjoyed the course and got a lot out of it.

This professor suggested to Julie that she "had the potential for a Ph.D."

Within a year Julie completed her master's degree and returned home to a teaching position in the baccalaureate program. After a period of two years, the program administrator resigned and the Director of the school asked Julie to undertake the position. At age 38 Julie accepted. Changing the curriculum was a traumatic process for the faculty. New faculty were joining the school and there was the ongoing "push to upgrade people to the master's level." This push was "very threatening" to some of the faculty.

> Those of us with master's were seen as cracking the whip and saying we were better than the others which was not the intent at all ....

Julie often found herself in difficult situations with the faculty.

> I would be told that something was a decision and I was to implement it. I would start implementing and faculty would complain and

> the decision would be withdrawn and I would be left with egg on my face.

Julie often felt she was being used as a scapegoat.

> These were bad times. By this stage I was as anxious as the faculty. Let's face it, when you have the rug pulled under you enough, you begin to get pretty anxious. It was altogether a bad scene.

She recognized that she must get herself out of the situation.

> I was going to leave to go for a doctorate and in my wisdom decided there was no way .... I think that would have been the end of me.

Julie resigned from the faculty. She was asked to reconsider her resignation and accept a year's leave of absence.

> So I said 'Fine' with no intention of coming back. I had had it up to here. I had had it with the university! I had had it with the faculty! I did not see ever working in the university again. My confidence had sunk to a low ebb.

At age 40 Julie went on a leave of absence from the University. Her sense of herself as a competent individual seemed shattered. As we see in the next period of her life, rebuilding her self confidence was a slow process.

Julie described herself as the kind of person who worked hard at achieving the standards set by the organization. Teaching in the baccalaureate program required a master's degree and she successfully earned the degree. As a consequence she became one of the best educated and most experienced members of the nursing faculty and was offered an organizational leadership position. Although Julie worked hard to be successful in her new position, a variety of factors, both internal and external, conspired to prevent this from occurring. The

Second Life Structure had begun with Julie experiencing considerable success and was ending with a thud.

Mary also completed her master's degree early in the Second Life Structure. She had been teaching in a university school of nursing in western Canada. She decided that she wanted to continue teaching in universities and realized that she needed further preparation to be able to advance in the university system. Although she had been teaching in medical and surgical nursing areas she was ready for a change:

> I had begun to define for myself some interest and some expertise in curriculum design.

She sought admission to an American university that had a "very excellent track record in education programs." The university was "half way home" to eastern Canada. She observed that she "was not really ready to come all the way back home" but she was thinking about it.

Mary's program included a variety of theoretical and practical courses in the field of education, some of which were offered by nursing faculty members at the University. The learning philosophy of the school was one of learner directed study which Mary enjoyed and later would adopt as her own teaching style. Mary observed her faculty advisor role modeling the learning philosophy in the classroom. During a field study course Mary was assigned to a university faculty of nursing where there was considerable conflict amongst factions in the faculty. Mary felt "quite stressed" by this experience and went to talk with a faculty advisor.

> When I went to see her I was in distress not knowing whether I wanted to stay in nursing education .... 'if that's nursing education at the baccalaureate level, you can have it.' I never sat down while I was in her office, just paced through the whole hour.

The advisor let Mary talk. After a few weeks the field experience was finished and Mary knew "I wanted to continue in nursing education."

Mary's master's degree was completed in 12 months. She returned to a large city in eastern Canada where she accepted a faculty position with a School of Nursing. Mary would teach in this School of Nursing for several years. The first two years she taught medical and surgical nursing in the basic baccalaureate program.

> I was right back into the content area that was very comfortable and very familiar.

Then Mary shifted her teaching responsibilities to the post-R.N. program and became the chairperson of the post-R.N. program. This position carried a cross-appointment with the continuing education faculty at the university. Around the age of 36 Mary began to take graduate courses in adult education from the Faculty of Education. The courses were taken to increase her knowledge about the adult learner group she was working with but she took the courses for credit.

During the Second Life Structure Mary's life evolved around her work and her church related activties. She had what she described as a "very church oriented lifestyle." During the week she would occasionally socialize with colleagues from work. Her weekends were dedicated to activities with her "church friends." Mary's parents lived outside of the city and she would be in contact with them weekly.

By the age of 39 Mary had earned tenure at the university and was making plans to buy a condominium. Later in the year she became ill and developed a chronic respiratory problem. She did not feel well for more than a year. Her illness:

> changed all of my physical activity patterns very drastically. It put a lot of doubt in my mind as to whether I could continue to nurse.

Mary's teaching responsibilities required her to be with her students in the clinical setting and with her illness she was not able "to run after the students in the clinical setting" any longer. Her illness and the physical restriction required Mary to begin thinking about how she saw herself and how she was nursing.

> It really made me stop and look at 'What is nursing and who am I, and what is my identity?' and I began to stretch my concept of nursing, maybe for the first time to a much broader perception.

She had for years been committed to teaching nursing in the clinical setting and now she was thinking about redirecting the focus of her work toward "curriculum planning and philosophy and theories of learning." Mary's concept of herself as a nurse educator was gradually evolving. She realized that she could still be a nurse "but not necessarily as practicing care-giver." Mary describes this as "one of the major changes in my self-concept as a nurse educator."

The next year, around age 40, Mary was beginning "to come out of the woods" in terms of her ill health. She proposed to the Dean a summer professional development project for herself. The Dean countered with a proposal of her own.

> She proposed that I should consider doctoral work. It just threw a monkey wrench into my plans - having just thought I had figured out what direction I was going in ....

Mary had not considered doing doctoral work before. Now she began to seriously consider the idea. She enrolled in the Faculty of Education that summer, and took two courses in educational measurement. She "had a picnic with those two courses" and the "die was cast." Mary started to explore possibilities for a Ph.D. program

At the same time Mary knew her "career path would be changing" because the Faculty was in the process of phasing out the post-R.N. program "so it was kind of the end of one era" at the University for Mary. The following year, Mary was on sabbatical from the University to pursue doctoral studies.

During the Second Life Structure Mary's life structure was remarkedly stable. She completed her master's degree and obtained a faculty position in a university school of nursing where she would work for several years. She earned tenure at the University and was planning her career within the context of this work setting. Mary had settled comfortably into her career as a university educator. Near the end of the Second Life Structure Mary's illness forced her to begin rethinking her commitment to clinical teaching as the primary focus of her work. With the support and encouragement of her Dean, Mary would pursue her doctoral study during the coming period of her life.

At the end of the Second Life Structure, nine of the 10 subjects were employed as faculty members in University Schools of Nursing, although Julie was on a leave and planning not to return. The path that these nine subjects took to become university professors was highly varied.

Comparison With Levinson's Theory

In the Levinson theoretical framework the period between the age of 32/33 and 40/41 is devoted to building a second life structure. The underlying task is to "settle for" a few key choices and to build a life around these choices. In this period of time there are two major tasks. The first task is to establish one's place within the society by creating a stable life structure. The second task is to work at advancement in the occupational world by improving and using one's skills.

For the subjects of this study, the Second Life Structure seemed to be a much more stable period in their lives compared to the Age 30 Transition. The lives of the subjects had become focused on one or two central components, usually their career and a relationship or a set of relationships. For two subjects, one of the central components was a church affiliation. The priority of the components shifted during this period, depending on the choices the subjects made. Throughout the Second Life Structure the subjects were making changes in their lives, but these changes were fewer than in the past and seemed more like adjustments. However, two subjects did make a major rearrangement of the components of their life structure.

The first few years of the Second Life Structure saw the subjects pursuing the plans they had made during the Age 30 Transition. As this period in the lives of the subjects progressed, they seemed to get a much clearer idea of their longer term goals, in both their occupational lives and their personal lives. These longer term goals established the place the subjects wanted to get to in the world.

The subjects in this study did not have a Dream as conceptualized by Levinson, that is of a vision of what might be possible for the individual in the adult world. When applied to the subjects of this study the concept of a Dream that shapes the course of their lives has not been evident. As young women, the subjects had little sense of their future in the world of work. The goal setting that occurred was shorter term and took into account the people and events around the subjects. In their thirties some of the subjects were making decisions in terms of what was in their best interests. They were developing, in most cases, a clear idea of the future of their lives in both the occupational and personal sense. When these goals had crystalized in the minds of the subjects, there was a need for some adjustment or redirection of the central components of their life structure. To make these adjustments the subjects often experienced varying degrees of dissatisfaction or discontent with the component of their lives that did not match these longer term goals. These adjustments or redirections were often accompanied by a sense of urgency to get on with the task and at times required considerable risk taking. Their occupational lives seemed most often to require adjustment or redirection. The subjects sought occupational roles which were compatible with their career goals or their life circumstances. Three subjects made changes in their personal lives as well as in their occupational lives. Regardless of the component of their lives that the subjects changed or adjusted, the purpose seemed to be similar - to try to have the kind of life structure that would enable the subjects to achieve their longer term goals.

The changes and/or readjustments that the subjects were making during the Second Life Structure occurred after the age of 35 or 36 and were accompanied by an inner need for more autonomy and independence. This need was most evident in their occupational lives and the search for autonomy and independence was often the reason the subjects made changes in their work settings or sought changes in their positions. The need for more autonomy and independence was accompanied by a heightened sense of themselves as competent individuals with something special that they could contribute. They saw that they must try and put themselves in the best possible situation so they would have an opportunity to achieve these longer term career goals. The efforts of the subjects to find the best occupational fit did not always work out as the subjects had hoped. For some subjects the search for a better situation would continue into the next phase of their lives.

The period in the subjects lives after age 35 seemed of a different quality than the earlier 30's. Their lives seemed to take on a much more serious, and at times, urgent tone. There seemed to be unfinished aspects of their lives that had to be put in place and other aspects that had yet to be set aside. The researcher has decided to label this period of time between 35 and 40 as Unfinished Business. One of the most prominent features of the Unfinished Business was the awareness by the subjects that there was only a limited amount of time available to get on with achieving their career goals or to settle some issues having to do with intimacy or finding more balance in their lives. What was unfinished seemed to depend on what the subject had accomplished up to this point. In their middle to later 30's the subjects were struggling with issues like:

> My life is all work, I want more balance.
> I must finish the degree before I remarry.
> Do I want to remarry?
> I have only limited time to achieve my career goals.
> How old will I be when my child is a teenager?
> I am single again.
> Would I want to have a child at my age?
> I have an opportunity for an intimate relationship.
> I am not achieving what I want to achieve.

Accompanying these questions was a growing need for autonomy and independence.

Levinson identifies a distinct period at the end of the thirties which he called Becoming One's Own Man, which extends from about age 36 to 40 or 41. The essential character of this phase is striving by the male subjects to become a senior and expert person in their occupational world, to be independent of the control of others and to speak with one's own voice. While the female subjects of this study experienced the need for independence from the control of others, they were not yet in the position of being senior, expert people in the sense of their occupational world. Most of the subjects in this study had just clarified what their longer term occupational goals were and how to put themselves in the best environment to achieve them. As well, some of the subjects were struggling with issues concerning re-establishing new and more permanent relationships with important men in their lives.

All of the subjects were involved with working on some aspects of their career during this period of time. The nature of this work on their careers and the centrality of this component in their lives depended upon the decisions they had made during the Age 30 Transition or on the choices the subjects made in their middle or later 30's. Near the end of the Second Life Structure, nine of the 10 subjects had established themselves as faculty members in university schools of nursing. Eight of the nine were planning to continue in this occupational role and one subject had an unfortunate experience in her administrator role in a university and had taken a leave of absence to sort out what she wanted to do with her career. One subject was employed in a diploma school of nursing, which was not where she wanted to work, but there were limited employment opportunities in the community in which she had resettled after her marriage. The career goals of the subjects had become well formulated in the minds of most subjects and they were trying to put themselves in the best possible work environment to achieve these goals.

During the Second Life Structure, seven of the 10 subjects continued their formal education with four subjects completing their doctorate degrees. The decision to continue their education was a deliberate, usually well thought out choice. Most subjects found these educational experiences as among the most stimulating experiences of their lives. Continuing their education at this point in their lives was not usually directly related to a longer term career goal. Continuing their formal education was an activity that had to be finished or could be undertaken given the other events of their lives.

At the same time the completion of further degrees often facilitated the identification of career goals.

Four of the 10 subjects experienced a form of mentoring relationships during the Second Life Structure. For three of the subjects these mentoring experiences occurred during their doctoral programs. One subject had a mentoring relationship in the work setting. For two subjects, the mentors were older, more experienced female nursing colleagues; for another a younger male university professor; and the fourth an older male university professor. The main function of these mentors in graduate school was related to enhancing the intellectual development of the subjects and providing emotional, and at times, financial support. These mentors often became friends and colleagues of the subjects. For one subject who was experiencing mentoring in the work setting, the mentor was described as shaping the career of the subject by creating opportunities for career growth. Most of the mentoring relationships were established in the early part of the Second Life Structure. Mentoring relationships did not seem to be a common experience for the subjects of this study. In fact, most of the time there was not any significant persons helping and/or supporting the subjects as they progressed through their education or work lives.

By the end of the Second Life Structure, four of the subjects were married and one subject, in her later 30's, had established a permanent male relationship. Two of the subjects were married in their later 30's. These relationships were extremely important to the subjects although two subjects had a struggle to integrate their relationship fully into their lives. The subjects' relationship with their mate changed over time, becoming stronger in most cases and creating for the subject a sense of security and comfort. None of the subjects had children during this period of time. Although two subjects were thinking about having children, they were experiencing ambivalence. For the subjects with children, special times were set aside to be with them either at home or during a family outing. The subjects worked at establishing relationships with their children. The role of mother influenced the choices the subjects made about various aspects of their careers or their education.

Four of the subjects were single (never married) at the end of the Second Life Structure, one of whom lived with a girlfriend. All of the subjects described their lives outside of work as essentially homebound. They occasionally socialize with their friends but these activities were not a major aspect of their lives. The subjects experienced their lives as being quite full with not a lot of room for new friends or new activities.

During the Second Life Structure, the lives of the subjects were increasingly focused on two or three major components, usually their career and a relationship or a set of relationships or in some cases, a career and a church affiliation or friends. The subjects often had crystalized a sense of their future career goals and were sorting out ways to achieve them. Life for the subjects seemed to become more serious and changes in the life structure were fewer and were made more slowly. The later 30's seemed to be a period of time that was qualitatively different from, but interrelated with the earlier 30's.

This period of time has been called Unfinished Business to reflect the nature of the tasks involved.

Again the timing of the period is consistent with Levinson's theory but the nature of the developmental tasks are different.

Age 40 Transition

The description of the Age 40 Transition is based on data obtained from six subjects. The interviews with the four other subjects had been completed during their Second Life Structure. The Age 40 Transition usually began around the age of 39/40 years. For the three subjects who had completed this period of their lives at the time of the interviews, the Age 40 Transition lasted an average of 5/6 years and ended on average at 44/45 years. Like the two other two transitional periods in the lives of the subjects, the Age 40 Transition was a period of change. During the Age 40 Transition the subjects evaluated and made adjustments in aspects of their life structure. For most subjects these changes usually involved rearranging some aspect of their careers and, for some subjects, aspects of their personal lives.

The Age 40 Transition began with the subjects making an evaluation of past decisions they had made concerning one or more of the major components of their life structure. This transition period ended when they had reshaped their lives to provide a new structure for the coming years.

Two subjects experienced the early years of the Age 40 Transition as a time of considerable stress. The stressful nature of the evaluation process in the early years of the Age 40 Transition can be clearly seen in Ann's life during this time. Ann was interviewed at age 40. She described age 40 as "a very stressful time for me." Her life is built around two main components: her son and her career. Near the end of the Second Life Structure, Ann was beginning to experience dissatisfaction with her job. She felt she was not as productive as she wanted to be in terms of research and writing. At the present time she continues to "experience a lot of dissatisfaction within the faculty" and, in addition is feeling stressed in several other aspects of her life. Ann feels she is:

> at a crossroads in terms of what I'm about. It's almost a bigger and grander form of an adolescent crisis and in all spheres. It's not just a question of professionally, but almost in all domains, the physical domain, the spiritual plane, in terms of my profession, in all areas it seems to be happening, so it's not just one isolated area that I can sort of separate from another but it's very diffuse ....

Ann described the past year as being a year of losses for her. One of the losses and a source of stress in Ann's life is the dissatisfaction she is currently experiencing with her work. She is currently working in the undergraduate program where she has teaching responsibilities in both the classroom and the clinical practice setting. She is administratively responsible for planning and implementing one of the major nursing theory and practice courses in a newly designed curriculum. Six faculty members are assigned to this course. In addition to implementing the new curriculum, the Faculty in which Ann is working is experiencing an administrative crisis. Ann finds that the crisis in the faculty and her responsibilities "has been just totally consumming" so that she has not had:

> the opportunity to write, I haven't had the opportunity for professional practice and I haven't had the opportunity to research some of the ideas that I have ....

Ann is not yet a tenured member of the faculty. This fact is a real concern for her in terms of her heavy teaching assignment and lack of time for research and writing. This is a new teaching assignment for Ann. In the previous year Ann taught a course in her area of clinical expertise. Now her course content is integrated into other aspects of the curriculum. Her new assignment is "a lot of work." Although she sees value in the new curriculum Ann feels that "my expertise has been lost." Her new teaching colleagues have clinical expertise in other nursing practice areas. Ann enjoys working with these new colleagues.

> I have colleague support but it's not in my discipline, and that is different, and that's a big loss .... I'm having to change my language to be understood.

A part of Ann's present crisis in her work situation is how to deal with her need for intellectual stimulation. The stress of her job and the problems in the faculty leave little time to explore ideas and engage in faculty discussions about new theories which impact on nursing. Ann has been struggling with how to best use her intellectual capabilities. In graduate school, particularly in her Ph.D. program, Ann became aware of the extent of her intellectual abilities and now in her work setting she realizes "I'm at a point where my fellow instructors are not." In the faculty Ann sees:

> little attempt to use the people who do have advanced training to design approaches to teaching nursing or to the care of patients.

> I don't think that my abilities have been recognized ....

At the present time Ann sees that her "personal growth happens apart from my work" and she is struggling to figure out how her needs for growth can occur in the context of her work as well. She is thinking about why she is in her present situation.

> What I'm looking at is how is it that I got myself into this situation in the first place.

She is thinking about how she can change her work situation to enable her to pursue her academic interests. She:

> fantasizes about being a scholar. I would like to be a nurse scholar, I would love to sit and write. I've been doing a lot of work with the theory - just having the freedom to go with your thinking and follow it up .... I would want to teach but not in this rigid system. I would like to teach relative to my scholarly pursuits ....

As part of her work at the university Ann sees herself as a mentor for the staff assigned to the course she coordinates. She feels responsible to her colleagues to provide intellectual and professional support in the form of generating ideas and seeking out opportunities for them. She feels responsible for providing emotional support as well.

> A mentor and a mother. I care about my staff .... I don't live their personal lives but in terms of what they bring to work from their lives I'm aware of. It's just understood that we will do whatever we can to help each other out. So mothering in the sense that if there's anything that can be done to contribute to the comfort ....

Another source of stress, for Ann, has been changes in her personal life. She was divorced a few months ago. Some of the problems in the marriage had been building for several years and some of the problems were recent ones. She now lives in the family home with her preadolescent son. She is adjusting to living alone with her child and is establishing new routines in her daily life. She gets up early in the morning to have "my time for me." Ann does her housework in the morning and then takes her child to school. When Ann lived with her husband, he would see the child to school and tidy up the house in the morning. Ann would go to her office from 7:00 to 9:00 to work "without phone or people around." Now she almost always takes work home in the evenings. After work she has her time structured to spend individual time during weekdays with her child.

Since her divorce Ann's social life has declined and she has not "been in the personal space to pick it up." Her weekdays are highly structured so she has free time on the weekend to relax. She may visit a friend or her sister or she may read or walk by the river. On Sunday morning Ann is teaching her son to play chess. Sunday afternoon Ann is by herself as her son goes out with his father.

At the time of the first interview Ann was scheduled to have a hysterectomy in a few days. She had been feeling unwell for the past month and with her impending surgery she was experiencing "lots of tension." However she did not feel the hurt and anger she felt in her late twenties and early thirties when she learned she was infertile. She believes that she did the grieving common to women who have hysterectomies when she learned of the infertility. Her feelings about her infertility have changed over time. Today she may feel sad about a birth announcement or when she learns of a family pregnancy.

> I'll feel sad and I'll cry, and at other times I'll feel happy, so the feelings vary, but it's always with me.

To help Ann deal with "these losses" in her life, Ann is:

> in therapy and that was necessary and needed and I'm going a long way there that's been important for me ....

In addition Ann is making more use of her personal and professional support systems. She wonders how she "would have survived this past year without these supports."

Ann believes that at the present time her personal philosophy is evolving.

> I have a much better sense of where I'm going and what I'm about and what I want to accomplish with my life, and I'm much more life oriented than career or job oriented, or role oriented.

In the past Ann saw herself as being more concerned with:

> What did I want to achieve here? What did I want to become? That used to be part of my decision making in the past.

In the past Ann described herself as having a "high achievement motivation, not a career motivation." She sought educational opportunities:

> ... that were stimulating and challenging but it wasn't with a sense of furthering my career, or it wasn't really with a sense of becoming a better nurse. It was just something that interested me and that's what I did. And I think that's where I am still ....

When Ann looks back on her educational process she believes:

> that there has really been a lack of counselling or input in terms of career development, and how one approaches that ....
> That's something I'm going to have to deal with ....

Now Ann would like to do some career planning.

> I've got 25 more years left and that's a lot of time, and how can I best use that, so I'm

> finding myself now at a point when I really would like to do some career planning.

For the past few months Ann has found herself thinking about her past achievements and about the future.

> I look back on where I've come from and what I've done and take a lot of pride in that. I have some regrets, and then I look ahead .... I'm imagining the amount of time I have ahead of me is 25 years, my future is bigger than my past, and feeling that I want to get on with it. I'm feeling quite challenged and quite excited by this immense time and space that I've got that's mine now, and what am I going to do with it?

Ann's thoughts about the future indicate a preference not to remain single for the rest of her life. Having a male companion is part of Ann's idea about living a meaningful life.

> If I'm single I'm aware that I'm going to have to do an awful lot of sublimation in my work .... I wouldn't want to be in a position of closing off options for myself ....

But at the moment "half of the human race seems kind of non-existent in my life."

Ann sees that her relationship with her son is changing. She is aware that as her child moves into adolescence, "there is going to be a big adjustment on my part."

> I'm at a point now with him that I would like to see go on for another five years but I know it won't .... He still needs me, but he's beginning to manage himself and his own time.

Part of Ann's desire to think about her future is related to the inevitable growing up of her child.

> I think that part of my own incentive now to look at my own career comes from the fact that I know that my need of him now is greater than his need of me, so it's time now for me to

> begin developing some other things for myself .... where I can enjoy my own life and not need to live to vicariously through him.

But Ann is not yet sure what her new life will include, "... right now there's my son and there's my work."

Although the interview with Ann occurred during the first part of her Age 40 Transition, the general themes of this period are reasonably clear. Ann is experiencing considerable change in the major components of her life. Some of the changes are the result of external factors in the environment and some of the changes are internal to Ann's psychological state. But in both circumstances Ann is responding by reflecting upon and evaluating aspects of past choices. She is wondering how she got herself into her present unhappy situation at work and she is thinking about how she is going to change her situation. She has a clear idea that she wants to be a scholar but she has not yet figured out how to accomplish this goal. She sees that she has a large amount of career time ahead of her and she is wondering how she should best use this time. She knows that her relationship with her son is changing and she must develop some activities for herself. Ann's life in the past year has changed dramatically. She is now divorced. She has a new teaching assignment. She is preparing to have surgery. She is in therapy. The early part of Age 40 Transition was a time of fundamental change in several aspects of Ann's life resulting in considerable stress. At the same time she is thinking about her future and what she wants to do with the rest of her life. Thinking about her future, about her time left about new activities seem to reflect a growing sense of awareness with her own individual needs for growth.

Like Ann, Julie experienced the early years of the Age 40 Transition as a time of considerable stress during which she was examining her past choices and thinking about her future. She had accepted an administrative position in the Faculty of Nursing where she has been working for several years. The administrative experience turned out to be a disastrous one for Julie. She felt caught in the middle between the senior administration and the faculty. The ground seemed to shift constantly under her feet. Julie decided she must get herself out of the situation. She thought about doing her doctorate but decided that she did not have the psychological resources to undertake the work involved at that time. Instead she resigned from the faculty. She was asked to reconsider her resignation and accept a year's leave of absence. Julie accepted the leave without planning to return to the university. At age 39 Julie visited England for a year where she worked as a staff midwife for 6 months.

> I went back cleaning floors and making beds and I had this supervisor who used to go around to check up on me right, left and center, who was mad because she was getting this new staff midwife. 'What was she doing being a staff midwife at that age anyway, she couldn't be any good!'

In two weeks Julie proved to the supervisor and to herself that she could still nurse.

> I'd proved my capability. I proved to myself I could do it again and that was good because I was back at a level where I could still nurse. I wasn't sure I could still do anything at that point.

Julie's self esteem was at a low ebb and to rebuild her confidence in herself she returned to working as a midwife, a position in which she had experienced considerable success in the past.

After working as a midwife for six months Julie visited community health units in England.

> I began to look at things differently. I began to look at things that could be transferred to Canada.

She was thinking about returning to her position on the faculty.

> I decided I'd give it another try. I really liked to teach at the university and if I could go back and teach, that would be fine.

Upon her return to the faculty Julie was assigned a small administrative role in the certificate program she taught in when she first joined the faculty.

> They wanted to make it very clear that I wasn't in the basic program .... They really didn't know what to do with me ....

In this administrative role Julie worked with a junior faculty member. She was responsible to ensure the funding of the program and she undertook a study of the learning needs of the students in the program. "It gave me a job of my own to do."

In addition to her administrative responsibilities Julie was assigned to teach a course in the post-R.N. program. The faculty member who had taught the course resigned on short notice. Julie was asked to fill in.

> I was asked to teach it and the frame of reference was 'until we can find somebody better', but my ego having been restored the year before, it didn't worry me at that stage. If it had happened the year before I left I think I would have been totally devastated but by that stage, I could look at it and laugh.

After one year, Julie knew the decision she had made to return to the university was "the right one." The faculty member recruited to Julie's old administrative position was experiencing the same difficulties she had. Julie was saddened by this but she realized that at least part of the problem was with the position itself.

> Things were okay. I knew I was back in the right place. I didn't want to go anywhere else. It was alright.

Julie would continue with these work assignments for the next five years. Although she was "outside of the mainstream" of the faculty and "not appointed to any of the major faculty committees" she designed and taught a popular course in the post-R.N. program. During this five year period Julie became "a very useful anchorman" for the faculty. Informally, faculty members would seek Julie out:

> People would come to me, they'd come to me with problems, they'd come to talk, they'd come to me for career guidance ....

Julie described the later years of the Age 40 Transition as "very busy" and she kept out of the faculty "hassles by not being on the committees." Near the end of this period of time Julie once again was thinking about doing her doctorate.

> I wanted my full professorship. I had to make a decision did I want it or did I not want it.

Julie saw young nurses joining the Faculty who were working on their Ph.D. and realized they would be considered for promotion and she would not. Philosophically she believed "that for a full professorship I should have a Ph.D." At age 44 she began exploring various doctoral program possibilities. The next few years of Julie's life would be devoted to earning her Ph.D.

Throughout most of her life Julie had lived alone in an apartment. For the past few years she had been saving to buy a house but the plan for the house would be set aside when she entered the doctoral program. However, Julie had made a new friend in England. This friend, Cathy, came to Canada to work. Cathy lived with Julie on what was to be a temporary arrangement. Over time, this temporary arrangement became increasingly permanent.

For Julie, the Age 40 Transition had begun as a very stressful period of time. She took a year's leave from the faculty to reassess her situation. Did she want to return to the faculty or should she seek alternate employment? The time away from the faculty provided her with the opportunity to rebuild her self esteem. She realized that she wanted to continue as a university professor. Upon her return to her position she was isolated from the mainstream of the faculty, but she worked at establishing a place for herself within the faculty. After a year she knew decision to return was the right one. Near the end of the Age 40 Transition she began to look at her future. She wanted to obtain a full professorship and to achieve this career goal she needed to earn a Ph.D. In addition to sorting out her career during the Age 40 Transition, Julie added a new component to her life structure when she began to share her apartment with her new friend, Cathy.

During the Age 40 Transition Julie was involved in a process of evaluating her past career choices and establishing the basis for a new life structure in the future. This process is seen in the lives of all six subjects during the Age 40 Transition. The earlier years of the Age 40 Transition are concerned with reviewing and evaluating past choices. Do I want to continue working as a university professor? How did I get myself into this situation? What aspects of my life can I give up without regret? This process of evauating past choices occurred in the major components of the subject's lives. For the subjects, this appraisal focused primarily on the evaluation of the progress they had made in their careers up to this point. In the later years of the Age 40 Transition the subjects made new choices about how their careers would change or progress. This evaluation process seemed to occur in one and/or several major components of the subjects lives.

Gail's life structure during the Age 40 Transition remained very stable. At the end of the Second Life Structure, with the completion of her Ph.D., Gail was awarded a prestigious national research scholarship. For the past six years she has reapplied successfully for both the research scholarship which has enabled Gail to spend 75 percent of her time in research and for funding for her research project.

> You sort of get on the motion of the track, and continue to go with it. Fortunately everyone of my six progress reports and resubmission for grants has been met ... so I haven't fallen off the track yet.

Gail was interviewed at age 45. At the time of the interviews Gail described her life as being at a crossroads. She is not eligible to reapply after six years in the same category for the research scholarship. She has applied in the senior national scientist category. There are 50 applications for the one or two national scientist scholarships awarded each year.

> At this point my life is sort of at a crossroads. I'm one of the four finalists who

> will be interviewed .... If I succeed, that will put my life in one pattern for the next five years, if not, I'll be full time teaching rather than 75 percent of my time to do research.

All during the Age 40 Transition, Gail was working as a professor in a Faculty of Nursing in a large university. She has long and busy work day starting with getting up early in the morning and ending at eight or nine in the evening. Her work day is highly varied. She consults with the staff of her research project, she attends the master's nursing research seminars and works with doctoral students from other faculties. Two or three evenings a week she collects data for her project. She is a member of grant review committees for the federal and provincial governments. She serves on editorial review panels of a leading nursing research journal. She is a thesis supervisor for master's of nursing students in her faculty. Gail believes that a few of the master's students would say that she has been providing some mentoring for them in terms of their research projects. She tries to keep abreast of current trends which affect her research project and discusses these trends with her staff. Gail is frequently asked to speak to community groups about her research project.

> I tend to come home at nine o'clock after a work day. I find that I have to organize myself because if I don't have a bath and wash my hair before I eat, I'm sometimes too tired .... I have to really discipline myself because once I sit down I'm overwhelmed by tiredness sometimes.

Gail lives alone in an apartment close to the university. If she does not have work commitments she attends choir practice one evening each week. Often her weekends are devoted to reviewing research proposals and marking student papers. Some weekends are more leisurely than others. She may have friends in to play bridge or for dinner on Saturday. On Sunday she goes to church and she may go out on Sunday afternoon.

Gail's mother died a year ago and now her elderly father lives alone in a city several thousands of miles away. Gail is an only child and she feels reponsible to ensure her father receives adequate supervision. Her father does not want to come and live with Gail so she tries to go and see him every two months. Apart from her father, Gail has few family members. She has two close female friends upon whom she relies for emotional support. Gail states she would be "very lost, entirely lost" without these friends.

> because I'd have no one really that I felt cared about me as a human being.

Without her female friends Gail wonders who would assist her when she is ill or needed help. She would be all alone. Gail has not eliminated the possibility of her finding a male companion but the man would have "to have a compatible value system."

When Gail thinks back she does not remember having a long term view of where she wanted to go with her career.

> I'm just of a whatever will be, will be philosophy. I don't know that I identified any definite goals. Whatever was transpiring in that time frame, I was happy with, the social contacts, or with the job I was doing.... But I don't know that I had any great goals that I could identify ahead of me.

Gail developed an interest in nursing research in her master's program. When she completed her doctoral program, she was successful in her first grant application:

> Once I set my foot into a long term project, got my own interests and involvement in the project, so I wanted to continue working on it .... It was a good thing for myself. It was a very good thing for our university.

However, part of her motivation was that she did not want to fail.

> I was really afraid of failing .... Now I'm less afraid and not really concerned because I like teaching, and I like my students so if the scholarship goes, I'll continue to do some kind of research at a moderate level rather than this great endeavor.

Gail enjoys working on her research project and wants to contribute to the knowledge base in her research field.

> I've got very involved with the families .... It's a marvelous opportunity, no one else in the world had done it ... so I think it would be exciting to be continuing on ....

While Gail very much wants to be awarded the senior scientist scholarship, if she does not get the award:

> It will not be devastating to me. I won't shed one tear if I don't get the career award.

She enjoys teaching and could be "quite content" working with "eager, enthusiastic young master's students" who are starting into their careers. Gail has also been thinking about gearing down the pace of her work life. She would like to have more leisure time and is "planning to buy a cottage." She has been thinking occasionally about retiring.

> I'd like to gear down. But I'd like to gear down and still have my cake and eat it too but you can't gear down too much, as there's no way to survive ....

At the end of the Age 40 Transition Gail had decided to apply for a prestigous senior scientist scholarship. If successful her career path will essentially remain the same; if she is not successful, her career will take a different route. Although she wants the award and has worked hard to be eligible, she has begun to think about lessening the hectic pace of her career. She would like to have more time to work with young students and more leisure time. Gail's career during the Age 40 Transition consumed most of her time and energy. At age 45 she is thinking about reshaping this predominant component of her life if she does not get the award. In the past not getting the awards and the research grants would have represented a failure to her. Now she is not so afraid of failure and would increase her involvement in other career activities. Throughout the Age 40 Transition Gail has been involved with establishing herself as a senior member of her profession. She is proud of her achievements. At the present time, Gail is quite satisfied with her life.

While Gail's life structure remained highly stable during the Age 40 Transition, she was changing her sense of herself in relationship to events in her world. She was not "so afraid of failure" as in the past. She would not be devastated by a failure. She would go on to other activities in her career that she valued. A qualitative change in the sense of self was a common theme in the lives of the subjects during the Age 40 Transition. In terms of the subjects' careers this qualitatively different sense of self was often reflected in their philosophy of nursing or of nursing education or how they could best use their talents to make a contribution in their academic pursuits.

Mary's life during the Age 40 Transition revealed the impact of her changing philosophy on career decision making. Mary was the only subject to be enrolled in formal educational programming during the Age 40 Transition. In her later thirties Mary had been ill and developed a chronic illness as an outcome of the acute problem. The onset of the chronic illness forced Mary to rethink her career focus of teaching nursing in the clinical setting. Mary began to see a role for herself in the development and design of nursing educational experiences.

Mary's Dean suggested she consider enrolling in a doctoral program. She was interested in research design and statistics and with the support of the Dean began taking graduate courses in these areas and exploring various doctoral program possibilities in Canada and the United States.

She discussed her plans for pursuing doctoral education with her parents. Mary's father was concerned that more education might create a distance between Mary and her parents.

> He was concerned that there would be an even wider gap between my education base and theirs. I said to them that I already was in that position and had long since been, and it hadn't been a factor up until this point ....

At age 40 Mary was admitted to a doctoral program in the field of education in the United States. She took a sabbatical leave from her job at the university. Mary moved to the United States after the university term ended in the spring. She did not experience "any anxiety moving away" from her home or her friends. She designed her course work around a clearly formulated plan for what she wanted to achieve.

> It clearly came out of my own thinking. What I wanted to do when I was finished was to be competent in designing simulated units for learning and testing.

Mary completed her course work, her dissertation proposal and her written comprehensive examination in 15 months:

> All the course work all fitted together very comfortably and tended to complement one another ... the whole program ... course work and all was just a very positive experience.

After 15 months Mary returned to her home city to design and carry out her research project. Mary was on a leave of absence from the university for another year. During the second year of her doctoral program Mary's mother was diagnosed as having a chronic degenerative disease. "She recalled that this was a very stressful time for me", but by the time she returned to her faculty postion she had written a first draft of her dissertation.

Mary was assigned to teach a course in the undergraduate program and to coordinate a course in the first year of the master's program. Mary thought that this assignment in the master's program was an opportunity to become familiar with the master's program before she joined the graduate faculty. During the first year back at work Mary revised her dissertation draft. She passed her orals later that same year around her 44 birthday and was awarded her degree.

Upon returning to her job at the university Mary found that the organizational dynamics were changing. The Dean would not be continuing beyond the present year. Although Mary applied officially to the Faculty of Graduate Studies to teach in the nursing master's program:

> I knew, in the back of my head, that I would probably not be accepted into that graduate school, not because the credentials didn't fit the graduate school, but because they didn't fit the philosophy of the Faculty of Nursing graduate faculty .... My doctorate work was not in nursing, it's in eduation. My research is not in clinical nursing, it's in nursing education and learning. My area of expertise is not in clinical practice, it's in teaching.

The faculty of the Master's of Nursing program believed "that everybody must have an area of clinical expertise and a clinical degree." Mary felt that her expertise:

> in statistics, and measurement and design, were not seen as positive attritubes to the graduate school. They were seen as threats.

Mary taught statistics to the undergraduate nursing students, but:

> I was not allowed to be on any thesis committees at the graduate level, although I saw the graduate student while they were doing the statistics in their theses .... The students were referred to me by other members of the faculty ... so the students came but I was an unofficial advisor. I was not on any committees at the thesis level.

It became more and more clear to Mary that she was being "cut off from the avenues" that used to be open.

> Other faculty saw it happening before I was ready to admit it .... That's my own school .... I'd already spent 12 years there so you don't want to admit to youself what's in fact happening .... You're being cut out .... A number of doors were being closed on the avenues that had appeared to be open ....

In addition to Mary not being accepted into the graduate faculty, Mary's ideas about undergraduate nursing education were drifting away from the predominant ideas in the faculty.

> I found that my perceptions of where I thought the undergraduate program was going, the kind of expectations we should have with students, were getting shifted. Mine were shifting away from the school's. We seemed to be on divergent philosophical paths ....

Mary found that she was not on any of the major faculty committees and the role of undergraduate curriculum coordinator:

> was never offered to me or never was it suggested I would be a candidate for that position. That was probably the last piece as far as making the decision to leave the faculty.

Midway through the second year after she returned to the Faculty, Mary noticed an advertisement for an undergraduate administrative position in a university in western Canada. The university was advertising for a nurse with a Ph.D. having expertise in curriculum. Mary applied and two months later she was offered the position. Mary advised the Dean what she would be resigning at Christmas. Mary had concluded that if she were to continue to make a contribution to nursing education, she had to find a university that valued and required her expertise.

> I felt that having expertise in the area of measurement and the design of learning which facilitates clinical practice was right for me. If somebody else has problems that my degree is in the wrong field, then I feel that it's their problem, not mine, because it has not impeded what I think I can do in the profession.

As the Age 40 Transition was ending for Mary she was preparing to move west once again. She had moved west once before during the Age 30 Transition. In the early years of the Age 40 Transition, she had reassessed her decision to continue teaching nursing in the clinical practice setting. The evaluation of her past choices were precipitated by the onset of a chronic illness. She broadened her ideas about herself as a nurse educator and developed an interest in the measurement of learning and in the area of statistics. Her philosophy of nursing education and the career role she wanted for herself was changing. This philosophy was diverging from that of the faculty where she had worked for 12 years. This changing sense of herself and what she thought she could contribute and the lack of opportunities available to her resulted in Mary seeking a career change to another faculty of nursing. During the Age 40 Transition Mary took the initiative to redirect her career but did not change the prominence of this component of her life structure. This redirection was facilitated by Mary's clearer sense of what she wanted to do with her career in the coming years of her life.

Similar themes of evaluating past choices and redirecting aspects of her career can be seen in Lynn's life during the Age 40 Transition. At the end of the Second Life Structure, Lynn had accepted a position at a university in Quebec. She was looking for a university position in a large center where she could make a contribution, enjoy the environment and live on a more permanent basis. Robert, her male companion, had agreed that the city would be an acceptable city in which to live. At the end of his international project Robert decided not to return to working in an academic setting. He now worked as a business consultant.

The position Lynn accepted was in a newly developed nursing graduate program and she "was involved right from the word scratch." The program was funded by a special grant for a period of four years. Lynn's role was as the program's researcher.

> The job was a very interesting one, very interesting program .... That was a very productive period because I learned a lot about research qualitative methodology ... but it was a very lonely job. Being the researcher creates distance between yourself and the people you are working with ... so at times a very uncomfortable, but always a productive experience.

Toward the end of the third year of the project, Lynn started to think "what do I want do do?" She negotiated with the Dean of the Faculty of Nursing where she was currently working for a continuing appointment. There was an opportunity for Lynn to continue working in the School of Nursing.

> I think it's very difficult to be a researcher one minute and move into regular faculty position the next minute .... And I wasn't sure I had committed myself to the philosophy that existed there about nursing and about education.

The school of nursing was an old established faculty and "going in that direction ...."

Several other factors were operating at the same time. By now Lynn had lived in Quebec for three years. A few months after she moved to Quebec, Rene Levesque had been elected and "that changed the whole political scene." The Anglophone population began moving out. Lynn planned to buy a house but the housing prices were falling. The implications for the university were clear.

> I felt really out of it. I can't even speak French to the degree that I can understand my peers in the other schools of nursing in Quebec. I couldn't make myself understood and I couldn't understand them. How could I write or how could I speak or do papers or anything .... That was not my idea of making any kind of a professional impact. I had real trouble with that ....

The language barrier and the political situation were "restraining factors as far as staying in Quebec" and when thinking about whether to stay and work in Quebec "that was in the back of my mind." Lynn and Robert did not enjoy living in Quebec as much as they thought they might.

> We're not winter sports people, we don't ski or do things like that so it was a long, long winter ....

At the end of three years, Lynn noticed an advertisement for a director of a school of nursing on the west coast. Since the days of her master's degree Lynn had wanted to return to the west coast. She applied for the position. Lynn was invited for an interview. Although she did not get the administrative position, during the course of the interviews it became clear that the Dean was interested in obtaining two senior nursing faculty, "one as the director and some other senior person." Lynn was offered the second senior faculty position.

> The position was open, it was a small university, and I like small faculties. It was new, unintrenched ....

The school had only a handful of faculty members and "they seemed like an interesting group." The faculty had just weathered a "very troubled period which looked like it was open to resolution."

> The setting was beautiful, the pay was good, the possibilities seemed endless ....

Lynn and Robert both agreed that moving to the west coast "would be an acceptable thing to do." Lynn finished her contract in Quebec and moved to the west coast.

Lynn was interviewed at age 44. She had moved to the west coast a few months earlier. She enjoys her new position and loves the environment. Recently she bought a house and is in the process of settling herself into her new surroundings. Lynn works from about eight a.m. to four p.m. at her office and often works at home in the evening especially when she's writing a paper or preparing a research presentation. Her work days are busy and her activities vary. She teaches a course in the post-R.N. program, participates on university and faculty committees, consults with her colleagues on their research projects and is active in the faculty curriculum process.

Lynn and Robert live in separate houses but spend their evenings and weekends together. Saturday is their time for physical activity and socializing with their friends. Sunday is "relax and work day", especially if Lynn "has a project to finish."

Robert has been a major influence on Lynn's career. He was "an academic of the first order" and encouraged Lynn to "become more academic myself."

> He is the person that is most responsible for that aspect of my career, because he taught me a lot. He introduced me to a lot of people in the field of education in Canada and the U.S.

Lynn's first appearance at a major American educational research conference was as a member of Robert's research team. Lynn has since had two of her own research papers accepted at this research conference.

> I'd never probably have gotten that far ahead without his encouragement.

Robert was an editor of a curriculum journal:

> He served as my expert, he read my stuff and in the beginning was very critical .... I learned a lot from that. Now it's just a matter of passing it on ... because I've learned and now it's a different kind of thing. We discuss the paper ....

Lynn and Robert try to maintain a degree of independence with regard to their activities and friendships. They both have separate friends and common friends.

Robert provides Lynn with intellectual stimulation of a different quality then she receives from her other experiences.

> He's smarter than I am, he's smarter than most people I know. He's slow thinking. He thinks everything through very carefully. He goes much further than most people in terms of the ramifications and he has a very creative bent.

Robert and Lynn have worked out a relationship that provides both of them with physical and psychological independence:

> I am very careful not to let my work preoccupy me to the degree that we don't have time to do things that we like to do together. I think that would be very destructive.

They both have "lots of demands on our time and lots of interests" so in their relationship:

> there's a lot of freedom .... It's quite accepted to put a lot of time into one's career.

Robert is very important to Lynn. She needs him and feels she has obligations to him but her life is not totally dependent on him.

> I have a lot of other resources and I'm very capable of getting lost and involved in my work.

Lynn and Robert have been together for 10 years and Lynn expects the relationship to continue this way for some time. The only possible change would be if they were to be married but Lynn does not think she wants marriage and she does not think Robert would either. Lynn describes their relationship as:

> It is far more important than a love affair. He is much more than that. He's equally attractive to me with his mind and his interests. He's absolutely my best friend!

When reflecting on her career Lynn observed:

> I did not have a guiding vision that directed my decisions. My decisions were very much related to the circumstances that existed at the time they occurred, the options available .... Although there are some guiding aspects like I want to be successful or I want to be accepted or I want to be happy ....

At present and for the future Lynn wants:

> to be successful in my career. I'm not particularly ambitious. Successful doesn't mean doing great things but I do want to do what I do well. I like where I am. I like to do a bit of research. I like to do some writing and be known for it. I like to continue to develop my consulting .... I like to teach .... I'd like all those things to remain good the way I see they are now.

Lynn's ambitions do not involve:

> being a top dog, to become president of this or ... I really don't have that kind of ambition, but I do very much care that I'm thought of as doing quality work. That people would come for help to me. I want that kind of perception of myself by others.

Lynn sees herself moving toward retirement where she would:

> have freedom to be able to do what I'd like to do with my own time, both intellectually and socially ... the freedom to just enjoy life ....

At age 44 Lynn had resettled herself on the west coast in a small and reasonably new school of nursing in a university. She is establishing herself as a senior member of the faculty by chairing faculty committees and providing research consultation to other faculty members. Throughout her career, Lynn has sought out opportunities to work in newly developing nursing programs in small, less structured settings where her expertise and skills in curriculum and program development could be best utilized. She has developed a very special relationship with Robert. He has been a major influence on her career by encouraging her to be more academic. He has been her teacher, her expert, and her contact person into the field of education. During the Age 40 Transition the relationship has been changing to more of a peer or collegial one with Robert providing caring, support, and intellectual stimulation. In the early years of the Age 40 Transition Lynn was involved with evaluating her decision to live and work in Quebec. The evaluation included an examination of both external or environmental factors and internal factors such as her philosophy of nursing and education and her need to make a contribution in her discipline. The evaluation resulted in Lynn seeking a faculty position in a university more compatible with her personal and career goals. During the Age 40 Transition Lynn devoted considerable time and energy to establishing herself as an experienced and senior member of her profession. Her life is very work or career centered and she must discipline herself not to get lost in her work. At the end of the Age 40 Transition Lynn has established a very satisfactory life structure.

For five of the six subjects for whom data were obtained concerning the Age 40 Transition, their work (or their careers) was a predominant component of their life structure. The subjects initiated or were in the process of initiating changes in their work or work place to ensure personal satisfaction. However, for one subject, Louise, her career was more of a background activity while she was making choices about her marriage and having children.

Louise was married for the second time at age 39 after she completed the course work for her doctoral degree. She moved to the small city where her husband had established a private practice. She had accepted a position in a newly developed community college nursing program. She was not keen about working at the college but in the small city there were few other options. After two years, the Director of the Nursing Program resigned. Louise was asked by the President of the College to assume administrative responsibility for the program. She worked hard getting the program established and "building a good reputation for the program" in a problem plagued organizational environment.

> I got tied in without being able to really do much about it at that point. That's the first time in my life I got tied into something for a long period of time that was never in my career plans.

Staying in a work setting that she did not particularly enjoy was influenced by the changing focus in her life. Louise wanted to have a family. She was trying to get pregnant "from the time I was first married":

> I was trying to have that first baby because I wanted to have two. I regret in a way not having married before I went to study for my Ph.D.

After a year of marriage Louise was pregnant. Louise felt that her pregnancy was a wonderful event:

> It was the most wonderful thing that ever happened. I was happy the whole time. I felt healthier than I'd ever felt in my life, and I was 41. I just had a beautiful pregnancy.

During the time of her pregnancy, Louise was gathering and analyzing her dissertation data. She and her husband were building a house. Louise continued working at the college. The day her daughter was born Louise was supervising a group of nursing students at the hospital on the three to eleven p.m. shift. Near the end of the shift she was having labor pains. After the shift she went home, packed her suitcase and returned to the hospital with her husband. Her daughter was born a few hours later.

Louise's mother had come to help her with the baby.

> I asked her to come out and help me because I went back to work seven days after the baby was born. It was the middle of the academic year.

Although the plan was for her mother to stay a few months, Louise's mother remained with Louise and her family. A few months after the birth of her child, Louise completed her dissertation and was awarded her Ph.D.

A year after the birth of her first child Louise was trying to have a second baby.

> I was an only child and I always wanted to have a companion. So I wanted a second baby.

Louise saw herself as being an "older mother" and if anything happened to her or her husband, the child would be alone. At age 43 Louise was pregnant for the second time. Louise suffered a miscarriage in the first months of the pregnancy.

> I cried buckets when I lost the second baby. I was bereaved for months after, I felt terrible ....

On the advice of her physician Louise did not try to become pregnant again. Louise described her second marriage as: "very happy in terms of having found the right person." Her personal goals had changed.

> My goals have become primarily my family. My family first, and I had a choice to make in terms of a family - either I was going to have a family or I was not going to have one at that point ....

Biological time for Louise had almost run out.

> I had to make a choice .... The time had gone by. I either had to have a child or I could not have one any more ....

Louise stated that her life has changed "drastically since I married and since we had a child." Sometimes Louise would feel guilty about having a child at her age.

> We're both old, my husband is nine years older than I .... Poor child coming into a house of old people .... And it often struck me, I would think of it often ....

But then Louise would look at her child and think:

> My career, I'd throw it out the window tomorrow. She is the most important thing in my life, more important than my mother or my husband or my career or anything, and I

> wouldn't have missed her for anything on earth .... Though I feel a little bit guilty that I did it so late ....

The Age 40 Transition was ending for Louise around age 44. She would continue to work at the college for several more years. During the Age 40 Transition she drastically changed her life structure. She married for the second time, she had a child and aborted a second baby, her mother became a permanent member of her household, and her personal goals were changing. Her family became the dominant focus of her life. Although she continued to work, had been promoted to an administrative position and had completed the long sought after Ph.D., these events were but background for the fundamental changes in the structure of her personal life. During this period she was also involved in the process of evaluating past choices. She regretted not marrying soon enough to have two babies and she reflected upon her decision to have a child at her age and the consequences this would have for her child. Louise observed that she would set aside her career to ensure the wellbeing of her daughter. In many ways Louise had set aside her career during the Age 40 Transition. The Age 40 Transition was an enormously happy time in Louise's life.

For the subjects for whom sufficient data were obtained, the Age 40 Transition was a changing but productive period of the lives of the subjects. Five subjects were working at or trying to sort out how to work at becoming successful and autonomous members in their profession. The subjects were establishing their particular place in the senior ranks of the nursing discipline. For Louise this was also a productive period but her work was focusing on obtaining her personal goals before biological time ran out.

Comparison with Levinson's Theory

In Levinson's theoretical framework the period of time between the ages of 40/41 and 44/45 is a transitional period called Mid-Life Transition. There are three major tasks of Mid-Life Transition: (1) to terminate early adulthood by reviewing and reappraising past decisions and outcomes; (2) to take the first steps toward the initiation of middle adulthood by modifying negative aspects of the life structure and testing new choices; and (3) to become more individualized by dealing with the polarities of life. The majority of the men in Levinson's study experienced the Mid-Life Transition as a time of moderate to severe crisis.

The six subjects on whom data were obtained for the Age 40 Transition were involved in a process of appraisal of past choices and making changes in their life structure or preparing themselves to make changes. Career changes predominated although one subject had put her career in the background while she focused on personal goals.

The lives of the subjects continued to be focused on one or two central components, usually their career and their relationships with family or friends. The priority of these components was the same as in the Second Life Structure, except for one subject. This subject married late in the Second Life Structure. The years of the Age 40 Transition for her were devoted to having a child and to her marriage and family life.

The early part of the Age 40 Transition saw the subjects involved in a process of evaluating their past choices. They were thinking about questions like: How did I get myself in this working situation? Do I want to continue working in my present position? Do I want to remain in this faculty? Why are opportunities not available to me in this faculty? I should have married sooner. How can I make a contribution when I do not understand the language?

For two subjects, the process of reflecting on their past choices and on their present circumstances occurred at a time of considerable personal stress. One of these two subjects described her experience during this time as "a bigger and grander form of an adolescent crisis" in several aspects of her life. The other subject had experienced a job related failure and had taken a leave from her faculty position to reassess her choices. For the other four subjects, the process of reflecting upon and evaluating past choices occurred without stress and changes were initiated in a smooth fashion.

As the Age 40 Transition progressed the subjects initiated changes that would establish a new life structure for the coming years. The changes were initiated by the subjects as responses to the questions they were asking themselves. Some of the changes the subjects made in their life structure were changes in the external aspects like changing their jobs, and moving to a more favorable climate. These changes occurred usually in response to some feelings of dissatisfaction with this aspect of the life structure. The decision making process of restructuring for the future showed that the subjects thought about the various alternatives and acted upon the decision they had made. The subjects seemed very much in control of their lives. They acted independently taking into account their own goals.

For the subjects of this study, the feeling of dissatisfaction was usually associated with their lack of success in implementing the career goals they had set for themselves. For one subject her sense of dissatisfaction occurred in several aspects of her life structure. In spite of feeling some sense of dissatisfaction, the Age 40 Transition was a very productive period in the lives of most subjects. The subjects were working long hours establishing themselves as senior members of their profession. They were developing a special niche for themselves in their work places. The subjects had a clear idea of what they wanted for themselves in their career futures. Their future goals usually included many aspects of their present activities especially when the present was satisfactory.

Although the subjects for whom data were obtained had a clear sense of their futures, the subjects did not seem to have a Dream, of the kind conceptualized by Levinson. Their sense of the future was much more short term and frequently shaped by events in the present.

At the same time, the subjects seemed to have developed a much clearer sense of themselves in relationship to the external world. They were making plans for themselves based on their own needs. Although they were concerned for their relationship with others, the needs of other people did not seem to be a major factor in their career decision making except for one subject. The subjects seemed to be acting in more independent and autonomous ways and seemed to be more accepting of themselves. The subjects have a much better sense of who they were, and what they wanted to do than at other times in their lives. This sense of themselves was often evident in their ability to articulate individual philosophies of nursing and of education. This sense of themselves was often instrumental in the decision making about future plans. They sought working settings that permitted the acting out of their philosophies.

During the Age 40 Transition only one subject was enrolled in a formal educational program and one subject was thinking of obtaining the Ph.D. as part of her future plans.

During the Age 40 Transition most subjects did not add components to their lives. However, one subject did begin to share her apartment with a girlfriend. Another subject not only added a component to her life structure, she changed her life structure in significant ways. She had married late in the Second Life Structure and was trying to have children before this would be biologically impossible. After the birth of her child, her career was of less predominance in her life structure. The Age 40 Transition was a happy and hectic time for this subject.

Four of the six subjects talked about being mentors for young faculty and students. They no longer needed mentoring themselves and were beginning to foster the development of others. One subject described a relationship with her male companion that seemed to combine an earlier mentoring relationship with a love affair. This relationship had evolved to be more collegial and more permanent relationship.

During the Age 40 Transition one subject had a baby, one subject was divorced and one subject continued her relationship with her male companion. The three other subjects were single. Their main support system consisted of female friends.

During the Age 40 Transition, the subjects were making some changes in their life structures. These changes were facilitated by an increased sense of themselves and their own needs. In the early part of the Age 40 Transition the subjects seemed to be appraising their past choices and later taking actions to change some aspect of their life structure to increase their personal satisfaction.

The timing of the Age 40 Transition is consistent with the time frames of Levinson's theory. However, the developmental crises described by Levinson for his subjects were not apparent for four of the six remaining subjects of this study. In addition to evaluating past choices and beginning to create a new life structure, the Age 40 Transition was a highly productive period of time in which the subjects were establishing a niche of their own in their professional worlds.

Third Life Structure

The description of the Third Life Structure is based on data obtained from three subjects. The other seven subjects had not entered into this developmental stage at the time of the interviews. The Third Life Structure for the three remaining subjects usually began between the ages of 44 to 46. The interviews with these three subjects occurred at age 46 for Mary, 48 for Julie and 49 for Louise. Since there are insufficient data to carry out an analysis, the lives of the three subjects during this period of time will be described with a brief commentary.

Mary was interviewed at age 46, a few weeks after she started her new job as an administrator of an undergraduate nursing program. At the end of her Age 40 Transition Mary has resigned from her nursing faculty position in one of the leading faculties of nursing in Canada. During the Age 40 Transition she had earned her Ph.D. and upon returning to her position in the university she found that the doors were closing on several avenues of opportunity. She accepted a new administrative position in a university 2000 miles away. Her new position was "an opportunity to use my expertise and to grow."

The decision to leave the university where she had worked for 12 years had not been an easy one:

> I was tenured, I was getting close to the top of the associate professor scale, I had a home, I'm an only child and my parents are in (province). I had a pension .... A lot of things that were economic or career related had to be sorted out before I could decide to come.

The economic and career factors were sorted out reasonably quickly and Mary found that this "smoothed the transition" for her. However, Mary was more concerned about her elderly parents:

> They had adjusted as reasonably as you can expect elderly people to adjust to having their only child some 2000 miles away.

In her relationship with her parents, Mary saw that the roles had begun to reverse. Mary realized that she needed to provide support for them even though she "was the one that was going away."

Mary felt that her decision to accept the position in another university with new people "was a very risky decision." It was a risk that she felt she must take to make the best use of her knowledge and skills and to provide herself with an opportunity for growth. She has a sense that she has made the right choice:

> I have a sense of going in the right direction at the right time. I've not felt insecure, I've not felt lonesome, I've bought a house .... There's a sense that this is right and it's going to work out.

A large measure of Mary's sense that she made the right decision to accept the new position has come from her religious beliefs:

> I approach all of the events that go on in my life from a Christian orientation. I simply tune into some direction from God, and that's been very comforting .... There's a lot of security for me when all the pieces that had to fall into place, fell into place .... I have validation that this is the path I am supposed to take.

Mary lives by herself and gets up early each morning so she has "some time for scripture reading" to prepare herself for the coming day. At the university she is busy orientating herself to the undergraduate program and meeting the faculty. She is also exploring the possibility of a research project in continuing health education. She would like to continue to be involved in teaching:

> It keeps the administrator close to the students and in touch with the curriculum model and provides an opportunity for me to role model for both students and faculty.

She usually works from 8:30 a.m. to five or six in the evening. After supper she often does "a little school work" or works around her new home. Saturday and Sunday are more of a time to relax, to work on her hobbies, and to attend church.

In the past two or three years Mary has been learning to be more visible and more assertive about her achievements.

> I was in the background for a long period .... I've not been brought up to project myself as being an expert, but I am now beginning to realize that it is not negative to do ....

She feels more confident about herself and her abilities:

> My name is Dr. (name) and I am the (title) and I do .... That's me. Like it or lump it .... That's me and I think I have something to offer you ....

Ever since she was a young woman Mary saw herself as a single person:

> I feel fulfilled in the role as a single, independent person, able to live independently. I never thought about marriage and children. I've a sense of completion in and of myself.

She has lots of contacts with people through her church activities and her work and does not feel any need to seek out new social contacts or friends. She is "perfectly happy at home by myself."

Mary has two female friendships in which she experiences "a considerable degree of closeness." One of these friends lives in a city not too far from Mary's new home. She gets along best with other career women like herself.

> I get along with women who have figured out where they're going in their lives.

When reflecting on her career, Mary did not think that there were "many goals that were well articulated" in the past. At present she feels she does not have a need:

> to achieve anything more right now for myself because I'm quite happy with this postion, but I have a need to achieve things for the school.

At 46 Mary was beginning to construct a new life structure. She has a new position, in a new university, with new colleagues, in a new part of the country. She resigned from the university where she had been employed for 12 years because there did not seem to be opportunities for growth. The decision to accept the new opportunity was a risky one for Mary but her religious beliefs provided her with the security to take the risk. Mary's sense of herself has been changing over the past few years. She now is more comfortable with her increasing visibility. She is proud of her achievements and more independent and assertive than in the past.

Near the end of the Age 40 Transition, Julie had decided that she wanted her full professorship. Obtaining this career goal would require that she earn a Ph.D. At age 44 she had begun to explore alternative Ph.D. programs. She sought admission in a Faculty of Education where she was able to negotiate an individualized program which would include the study of nursing at another Canadian university for one half of an academic year. Julie experienced "some difficulties from Graduate Studies about admitting me, whether I had sufficient qualifications." In the spring and summer sessions of the university term Julie had begun to do her course work part time.

In addition to wanting her full professorship, Julie felt that:

> I don't want to stay teaching undergraduate students for the rest of my life .... The time has come to move on to teaching in the graduate program .... I'd reached a plateau in what I was doing. I wanted to teach graduate students so I needed to extend my research capabilities.

She obtained a sabbatical leave from the university and at age 45 enrolled in doctoral studies full time. She spent several months in another Faculty of Nursing studying nursing theory. Julie enjoyed every minute of her doctoral program:

> After years of being responsible for other people to have two years when I was only responsible for me was wonderful.

A good deal of Julie's doctoral course work was taken as independent study where she "set my own standards and worked toward them." She is especially proud of her dissertation research. "I did the dissertation I wanted to do, I take great satisfaction in my dissertation."

After two years Julie returned to the university. She had the first draft of her dissertation almost complete. She would earn her Ph.D. in the fall.

Upon Julie's return to the Faculty of Nursing she was asked to accept the position of Acting Dean for one year. The Faculty was involved in a search for a new Dean:

> I knew the university, had been here long enough, knew the working of the faculty, I've sat on most of the major committees .... So from the point of view of background and experience I was the logical person to be Acting Dean. But I did not want to do it. I wanted to teach and get on with my research.

Julie was interviewed at age 48. She enjoys doing the job of Acting Dean. The work load is a heavy one which sees her in her office from eight in the morning to five or six p.m. at night. Her day is "full of meetings and people." She usually has briefs and reports to read at home in the evenings. Weekends are times for working on her hobbies, shopping, visiting friends, and attending church.

Julie lives with her friend Cathy in the new house Julie recently bought. They share the work around the house. She has found that in living with her friend these past few years helps her eat much better and she feels less "antsy." Her relationship with Cathy is like living with a sister. In addition to Cathy, Julie has two close female friends who provide support and who assist her with personal problem solving. They attend social activities together. She remains in contact with her family in Europe by letter writing and by visiting them every second year. Her parents are "older but reasonably healthy and active" and come occasionally to Canada to visit with her. Julie described her parents as "still being really interested in what I do."

She has decided to apply for the job as Dean of the Faculty. These were two reasons for her decision:

> I think I can do the job at this point .... There are resources around if I need help and quite a lot of faculty came in and asked me if I'd let my name stand.

Julie observed that she was hesitant to apply for the position because she wonders "if I have the skills and competencies" of the other Deans of Nursing that she has interacted with while attending meetings since being appointed Acting Dean:

> but then I start to take stock and say 'yes, but what skills and competencies have I got that they haven't' .... I have a few ....

Julie observed that she does not know whether:

> I should have a wake if I don't get the job, or maybe I should have a wake if I get it.

By the time of the second interview Julie had learned that she did not get the position and:

> In some ways I am relieved. I think the next three or four years are going to be extremely hard in this faculty .... But I did my Ph.D. to get my full professorship and I wanted to

> teach in the graduate program. I got side tracked by the acting job. But ... I am disappointed.

Julie is disappointed about not getting the Dean's position but she stated:

> The Deanship isn't that important. If I don't get a full professorship, it would be a crisis.

Julie also wants to teach in the graduate program:

> If I don't teach in the graduate program here, I shall teach in the graduate program somewhere else. I'm perfectly competent to be teaching at that level now. I have things to share at that level, and I need the challenge.

Throughout her adult life Julie has functioned with a "very high anxiety level" but now has developed more inner confidence about herself and her ability to work with graduate students and about her ability to ensure that she will work in a graduate program:

> It's going to happen because I'm going to make it happen .... If I cannot make it happen here then I shall start looking for a job somewhere that allows me opportunity to grow.

When reflecting on her career, Julie stated that she never had long term career goals:

> I have accepted my career as it evolved ... as it kind of went along. I have not been goal-directed in my career. I set my expectations in terms of what the university expected of me and worked toward them.

At the present time Julie has set some goals for herself in terms of her full professorship and working in the graduate program. "At the moment work is my central focus in life." The work includes her role as a university professor and her involvement with professional organizations in nursing. For the future Julie has thoughts about "being recognized as an established researcher" in nursing. She feels that soon she will have "reached the peak of my career."

While Julie is very involved and committed to her work she has had thoughts about retirement and is beginning to make plans:

> When it comes time to retire I will have no hesitation ... because I have a lot of things I'd like to do.

During the Third Life Structure Julie implemented the plan she formulated at the end of the Age 40 Transition. She wanted to have her full professorship. She felt she had reached a plateau in terms of her present work with undergraduate students and needed a new challenge. Once again Julie accepted an administrative position at the request of senior university officials and once again she was not as successful as she wished to be with this undertaking. However, this time Julie did not experience the crisis of the past. She has alternative plans for herself. It is not clear from the available data whether the period when Julie was seeking her Ph.D. may not be still part of the Age 40 Transition period.

The third subject, Louise, was interviewed at age 49. During the Age 40 Transition Louise worked as the administrative head of a community college nursing program. She had also completed her Ph.D. However, the central focus of her life structure was her recent marriage and her pregnancies. At age 45 Louise had established the major components of her Third Life Structure as her daughter, her husband, her mother and her work.

She continued to work at the college until age 49. In all, Louise worked 11 years at the college. The time passed quickly because of all the other things Louise had going on in her life. She believes that she benefited from her experience at the college.

> I am a much stronger person than I ever was .... We went through many troubles in the college .... I had to be strong ....

During these 11 years Louise had to work hard to continue in the mainstream of the nursing profession which is "not easy in a more isolated setting." While head of the college of nursing program Louise had been involved in professional and political activities to establish a school of nursing at the local university. The lobbying was successful and the school was established. After some thought Louise applied for and obtained the position of the Director of the new School of Nursing at the University. At the present time Louise is developing and beginning to implement the new nursing program. She described this work as "hectic, but fun, very time-consuming."

Louise's life revolves around:

> my family and my work .... I would say that my every waking hour is either devoted to my career or my family .... I very seldom go out or do anything on my own ....

She seems to have little time for herself and her life "is really completely scheduled." When she attends provincial or national meetings Louise is pleased when the meetings end early and she can spend one or two hours shopping or browsing in a bookstore "because it's the only time I have for myself."

Louise lives in a large ranch style home with her daughter, her husband and her mother. She arrives at work at about eight a.m. and begins her first series of meetings. She may leave the University at noon and again in the later afternoon to drive her daughter home for lunch and then home again after school. The driving of her daughter, Louise shares with her husband:

> In a way our whole life revolves around our professions and getting her back and forth to school.

Louise's mother is in her late seventies but she is a "healthy and active" woman. Her primary role in the household is looking after Louise's daughter and organizing meals on weekdays.

Saturday and Sunday are also busy times for Louise. She does the household shopping and tries to spend time with her daughter. Louise thoroughly enjoys this time with her daughter:

> I would have a real blank in my life if I hadn't had a child and I'd give up my career tomorrow if it meant that she was deprived at all.

She finds herself thinking about the time she will have to spend with her daughter when she retires in a few years' time:

> I find myself thinking about the things we'll be able to do together when I retire. But by the time I retire she'll be nearly 16 ... and then I think she'll have no time for me when I have time for her. I regret that.

Sunday is spent cooking and doing housework and "trying to get things ready for the coming week."

> I think often my weekends are fuller than my week because that's when I try to be a mother, and a daughter, and a housewife.

On the weekend Louise spends a little time sewing with her mother:

> She is trying to teach me all she knows .... I have to learn to sew before she goes.

Louise has never been a social person but since her marriage she has become active in the community and political committees and events:

> I was never very community involved, professionally involved but not community involved. Community involvement is part of my husband's life that I'm sharing with him.

She has found that she enjoys these community activities. She is often in a leadership role in community groups. Last year she ran for the school board and "lost by 16 votes." Louise thinks that maybe when she retires she will "do some of these things that I've never done before." But right now Louise's life:

> is very full, too full sometimes .... I have so little time for me.

She is "very happy to get home and close the door" after these social and community activities. Her husband supports her in her career activities and "he does not interfere in my career."

Louise has always had longer term career goals but at the moment she is not planning beyond her present five year contract:

> Right now for the first time in my life I don't think past that five years. That's strange for me, I've always had something down the road that I'm going to be doing later on, and for the first time in my life I don't think past that five years anymore.

Louise used to worry about what would be happening next in her career:

> I don't worry about what's going to happen next year or the year after the same way I did years ago .... I'm much more at peace with myself ... so if my career folded tomorrow, it wouldn't bother me, not the way it would have in past years.

She finds herself involved in activities that:

> 15 years ago I would never have done because I was too involved in getting on with the next stage of my career.

She knows that at the end of the five years she will get a sabbatical.

> If I want another five years, I guess I could apply but I'm not sure I want to do that ... that's ten more years, ten years is too long.

She thinks she will take a sabbatical and return to the university as a faculty member without administrative responsibilties and maybe write a history of nursing "for this area" and maybe "become involved in some consulting."

At the present time Louise feels that:

> If my career were all that I had in life I wouldn't be happy, and if my home were all I had in life I wouldn't be happy .... I think I have the best of two worlds ... because I'm happy in both of my roles ... I wouldn't want to give up either of them.

When thinking about her career future, Louise would like to begin "tapering off professionally" and to increase her involvement in activities outside of her career, while she is "still healthy and relatively young." She would like to travel and "have more flexibility in my life." She sees age 50 as a "demarcation line" particularly in terms of where she will be "willing to spend my energies." In spite of her hectic schedule Louise described the last few years as "the happiest times" of her life.

Between the years of 44 and 49, Louise seemed to have created a new life structure, the primary components of which are her family and her career. She is beginning to add a new component to her life structure in terms of her increasing flexibility to have more time for herself and her family and more involvement in community activities. During the Age 40 Transition Louise's career was more in the background while she begun a new marriage and had her child. In the Third Life

Structure, the prominence of her career in terms of time and energy has remerged.

Comparison With Levinson's Framework

Levinson's theoretical framework is not well formulated beyond the Mid Life Transition. He does state that the next period in the lives of his male subjects usually began around 45/46. The major developmental task of middle adulthood according to Levinson's framework is to find a balance between the needs of self and the needs of society.

In terms of the lives of the three remaining subjects of this study, there is some evidence that between age 44 and 49 the subjects had formed or were beginning to form a Third Life Structure. This new life structure seems to be qualitatively different from the life structure formed in the Age 40 Transition. For the three subjects, the major component was their careers, with usually one other major component, either family, friends or a relationship with God.

This brings to an end the description of the career development process of the subjects of this study. Chapter V will present the conclusions and recommendations.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Summary

This study has described the career development of a small, selected sample of nurses with earned doctoral degrees. For the purpose of this study a career was defined as a time-extended working out of a purposeful life pattern through both paid and unpaid work undertaken by the individual nurse. Since the career development of most women and therefore most nurses is affected in some measure by their potential roles of wives and mothers, the researcher wanted to study this process within the context of the other signficant aspects of the lives of the subjects.

As noted in the review of the literature, theories of career development tend to describe the career development in isolation from the other major aspects of the individual's life. In addition, the present theories of career development provide an understanding of the career development of a middle class, probably white North American male. The search for a useful theoretical framework to guide the study led to the exploration of the literature of adult development. Although the vast majority of the research in this field concentrates on the adult developmental processes of men, the theoretical work of Levinson had potential usefulness for the study of women's career development.

Levinson's theory postulates that the male life structure progresses through alternating periods of stability and change. The primary components of the life structure are the choices the individual makes concerning occupation, marriage and family, friendships, mentoring, religion, and ethnicity. At any given time one or more of these components will have a central place in the individual's life structure. While the focus of this study was on a single component, the individual's or career, Levinson's theory provided a theoretical framework to study career development within the context of the other major components of the lives of the subjects.

This study was developed around five broad research questions:

1. How have the major components of the life structure of nurse-doctorates been formed and modified during early and middle adulthood?

2. How have nurse-doctorates formed and modified their occupations during early and middle adulthood?

3. How have nurse-doctorates formed and modified their Dreams during early and middle adulthood?

4. How have nurse-doctorates formed mentoring relationships in their careers?

5. Does the life structure of nurse-doctorates progress through a series of alternating periods of change and stability during early and middle adulthood?

The nature of the theoretical framework and the resulting research questions necessitated the gathering of detailed and highly individualized career and personal information from the 10 subjects. The data were collected primarily through open-ended interviews covering the period of time from the completion of high school to the age at the time of interview. A biography of each subject was constructed and then compared with the other biographies for major themes and issues concerning career development. This study did not seek to accept or reject specific hypotheses; thus, the data analysis was descriptive in nature. The descriptions were organized in a framework of adult development. Comparisons with Levinson's theory of male adult development were then made. Revisions to Levinson's theory of male adult development were seen to be necessary. These revisions reflect the unique character of female adult development and the central nature of career work in the developmental process.

Among the findings of the study was that the life structure of the nurses progressed through alternating periods of stability and change. The periods were qualitatively different and in some measure age linked. The primary components of the life structure of the nurses were education and work activities, female friendships, marriage and/or intimate male relationships, children, family relationships and religion.

The use of an open-ended interview to gather the kind of information required to answer the research questions yielded a vast quantity of rich and complex data. The analysis and interpretation of the data was a time consuming but rewarding process. The use of open-ended interviews is a powerful research approach for understanding the meaning and purpose of the various aspects of human behavior.

In this final chapter, the conclusions based on the interpretations of the researcher and guided by the theoretical framework will be presented showing the career development process of the nurses of this study. Some theoretical ideas concerning female adult development are proposed. Recommendations for further research are then made.

Conclusions

The main conclusion is that for the nurses of this study the process of forming a career is a complex, highly individualized, and changing series of external and internal psychosocial transitions. The process of forming a career involves a series of external transitions such as changing jobs, obtaining education and gaining experiences and a series of changing internal values, feelings and expectations. The process of forming a career extends over the years of early and middle adulthood. The young woman makes her initial choice of nursing in her late teenage years. This is a beginning expression of her interests and often reflects a compromise choice. The next few years are concerned with gaining knowledge, skills and experience in a field of nursing practice. Not until the late twenties or early thirties does the young nurse identify a firmer and longer term view of her career work. This usually requires that part of her thirties is spent obtaining the essential credentials to enable her to implement her career goals. During her later thirties and forties, the nurse begins her serious and more goal directed career activities.

For nine of the 10 nurses of this study, their career is a prominent, meaningful, and essential component of their adult lives. One nurse experienced considerable ambivalence about her work and educational experiences. These experiences were a prominent component of her life structure during many of her adult years but her primary psychological commitment was to her family. Working was essential for this nurse to support her children but not meaningful in the same sense as for the other nine subjects.

Work on their career activities both mirrors and facilitates their growth and development as adults. The priority of the career in the lives of the nurses would, at times, reflect choices they were making about the other central components of their lives. The other central components are usually marriage and/or intimate male relationships, children, family relationships, female friends, and religion. Over the years of early and middle adulthood the nurses were making choices, giving two or three components a prominent place in their life structures. Their careers were almost always one of the central components. The central components received the largest share of the nurse's time and energy and significantly influenced choices she made in other aspects of her life. At times a component would be shifted to the periphery, a new component added, or a component eliminated from her life structure.

The life structures of the nurse of this study did progress through a series of alternating stable structure building and transitional structure changing periods. The periods seemed age linked with only limited variation in times of onset and termination of the periods. These periods of change and stability were remarkedly consistent with the periods outlined by Levinson. While the rhythm of the adult developmental process was similar to that proposed by Levinson for the men of his study, the nature of the process differed in significant ways for the women of this study.

Comparisons with Levinson's Theory

The life structure of the women in this study did seem to assume qualitatively different shapes as they progressed through early and into middle adulthood. The transitional periods were usually four to five years in length with the stable periods usually six to seven years in length. The timing of these various periods was similar to the time frame outlined in Levinson's theory. In addition, many of the developmental tasks outlined by Levinson were tasks with which the women of this study were working. One of the reasons for the similarity of developmental tasks may be that, like the men of Levinson's study, occupation is a central part of the lives of these women. Many of the developmental tasks identified by Levinson are related directly or indirectly to the task of forming an occupation. One wonders if there would be as many similarities for women who do not work outside the home, or for women whose work outside the home is a less central component of their lives. These are issues for further research.

However, while there are remarkable similarities, there were clear differences. The data gathered for this study suggest that the process of adult development for women of the study is similar to that of men in the later teenage years and in the early twenties, but the process for women begins to diverge somewhat in the late twenties and early thirties. The women who had created a very stable life structure in the early twenties experienced the most difficulties during the Age 30 Transition.

During the Age 30 Transition the women focused on issues of separation and individualization, reproduction, intimacy and parenting in qualitatively different ways than has been reported for the men of Levinson's study. The issues the women of this study deal with at the Age 30 Transition were similar in some ways to the issues described for men in their Mid-Life Transition, that is, issues of individualization, attachment and separation, and of the passage of biological time. The Age 30 Transition is a much more stressful time for the women of this study than for the men in Levinson's study. The evidence gathered from the women of this study suggests that the major developmental task of early adulthood for women is to achieve a sense of self as an autonomous, independent person.

During the Age 40 Transition, the women work on the tasks of appraising past choices and creating a new life structure similar to the tasks described for men during this time period. For most women this work did not have the intensity and instability experienced by the men in Levinson's study. In addition, the women of this study were trying to establish a special place for themselves in their profession and in their work settings.

Another important difference occurred in the middle or later thirties when the women of this study seemed to experience a more serious and urgent time when unfinished aspects of their lives had to be put in place or set aside. These aspects concerned occupational and personal issues. This time period has been identified as Unfinished Business. In Levinson's study, the men experienced a period called Becoming One's Own Person in their late thirties when the man became a senior person in his occupational and personal world and less subject to the control of others. While the women of this study seemed to experience the need for independence from the control of others, they were not yet in a position of becoming senior members of the nursing profession. For the most part the women had just clarified their longer term career goals and were trying to put themselves in the best environment to achieve them. For the women of this study, the task of becoming senior in the occupational sense seems not to occur until well into the Age 40 Transition or perhaps later.

Another major difference concerned the concept of the Dream. The Dream is the youthful vision of the kind of life the individual wants to lead as an adult. The Dream represents the young person's idea of the possibilities for the future. The women of this study did not have a Dream in the sense Levinson proposes. The women pursued their lives in a manner fashioned more by events, opportunities and people, than an overriding notion of where they were going in their lives.

In their late twenties and early thirties the women began to exert much more control in their lives. As young women, the subjects have little sense of their future, particularly in the world of work. The goal setting that occurs is shorter term and takes into account the people and the events in their lives. In their thirties the women experience increasing needs to make decisions in terms of what is in their best interests. In their forties the women develop a clear need for autonomy and independence and, in most cases, they formulate a set of career goals they wish to achieve. However this developmental process is not a function of the Dream. One of the problems associated with formulating career goals in the forties is that the women may not have enough time or resources to achieve these goals.

Although the concept of the Dream seemed to be of little use in understanding the adult development and/or career development process for these women, the researcher wonders whether a difference might be found in other groups of women. For some women, a vision of the future may be the role of wife and mother. The concept of the Dream seems problematic for the women of this study mainly because the concept implies a sense of control that the women did not seem to have until their late twenties and early thirties.

Another important difference is in the area of friendships. Unlike the men of the Levinson study, the women of this study have female friends throughout early and middle adulthood. During late adolescence and early twenties the woman's female friends serve to ease the separation from the family. Over the years the major role of these female friends is emotional support and personal problem solving. Many of the friendships were ongoing and lasted many years. Further investigation concerning the role of friendships in the lives of women is required, but on the basis of the evidence available female friends would seem to have a critical role in facilitating the psychosocial growth of the women studied.

The last important developmental difference concerns the issue of mentors. Six of the 10 women in this study had one relationship akin to mentoring during the years of early and middle adulthood. A mentor is a person who fosters the psychosocial growth of another person by acting as a teacher, sponsor, and guide. For the women of this study these relationships occurred primarily while the women were in graduate school, usually in doctoral programs. The relationship occurred when the women were in their late twenties and in their thirties. The mentors are often older and more experienced nurses and/or male university professors. The main function of the mentors was to enhance the intellectual development of the women and to provide emotional and, at times, financial support and to aid in finding career direction. For the women who had a mentor the experience was described as a positive one. These mentors were often not transitional figures; the mentors frequently became friends. The women of this study rarely described a mentoring relationship after the later thirties. At that age the women may begin to be mentors for others. Rarely did the women have these relationships in the work setting. Inadequate data were obtained to identify the presence or absence of supportive networks within the work settings for the women of this study. This would seem to be a fertile area for research.

The researcher wonders if mentoring relationships are less available to young women than they are to young men. The concept of a mentor may be more useful for understanding male career development than for understanding female career development. While mentoring was not a common experience for the women of this study, having supportive female friends and colleagues is a frequent and ongoing event in the lives of the women in this study. Perhaps this is the female equivalent of a mentor. Although the importance of having a mentor to facilitate various developmental tasks is not apparent in this study, this issue requires further investigation. At the same time the identification and understanding of the supportive networks that exist presently in women's lives is essential.

One of the main limitations of Levinson's theoretical approach involves the concepts of change and choice. The women of this study were able to change their lives by assessing their alternatives and making choices. However, the researcher wonders if many women perceive they have choices. Have the choices of women been limited by the structures of the society? What is the impact on the adult development of women who have a limited perception of their choices and alternatives? The researcher wonders about the impact of societal changes on the psychosocial processes of female adult development. For example, the women's movement of the 1970's and 1980's encourages women to think about themselves in much less confined ways than women did in the past. Research is required to identify and assess these societal changes.

An important finding is the importance of a career in the lives of the nurses in this study. With few expections the women work and attend school and university all of their adult lives. They invest tremendous amounts of time and energy in their careers. Their careers are essential to their growth and development as adults, contributing in a large measure to their sense of self esteem, to their sense of control in their lives, and to their sense of achievement. Work and educational experiences are important contexts wherein these women learn about themselves, about their strengths, and about their shortcomings. The importance of the career in the lives of these women is particularly evident in the feelings of discontentment they experienced when some aspect of their career activities was not going as they expected. The women of this study are able to initiate changes to improve their situation. The women took risks in their career even when they are not sure they would be successful.

Although the nurses of this study do not identify their more permanent career focus until their late twenties or early thirties, they establish a pattern of going back to university as a way of initiating change in their lives or sorting out problems. The women of this study often attend universities during the transition periods of their lives and therefore are involved with sorting out other psychosocial issues at the same time as they are earning further degrees. The women of this study solved problems or worked on developmental issues by focusing on further achievements and not by concentrating on relationships as their sole source of personal satisfaction.

Nevertheless, the relationships the women had formed with husbands or male companions, children, and friends are extremely important. Husbands, male companions and/or female friends are their source of intimacy and emotional support, enriching their lives, supporting, and at times, facilitating their career progress. For the women with children, their children occupy a special place in their lives unlike any other relationship. While husbands, male companions and friends enrich the lives of the women, children and the resulting responsibilities and commitment had the potential to change the lives of the women. Establishing relationships seemed to be a crucial developmental activity for the women of this study.

A Description of the Career Development of Doctorally Prepared Nurses

This section of the study will present a description of the career development of the selected sample of doctorally prepared nurses. The description is presented within a framework of female adult adulthood and shows career development to be an integral part of the evolution of the nurses' life structure during early and middle adulthood. The description emerges from the data and represents an integration of the relationships amongst the data. The description also presents a tentative revision Levison's theoretical framework to reflect the nature of female adult development. A later section of this study will focus specifically on issues of female adult development.

Age 20 Transition

The Age 20 Transition begins around the ages of 17/18 as the young woman is preparing to leave high school. This is a time of change as the young woman is beginning to separate herself from her family, perhaps by moving out of the family home, by questioning parental values and authority and by making a choice of occupation. The decision to enroll in a nursing program, like the other decisions she is making, is a tentative and hesitant step representing her assessment of her interests and abilities and the career alternatives possible for her.

The decision is influenced by the values of her parents, by her female friends, and other circumstances in her life, such as available financial resources. She chooses a school of nursing in her hometown or in a nearby city. She has many ambivalent feelings about her nursing education program, about the academic rigor, about the discipline, and about her readiness to assume the responsibilities associated with being a nurse. She enjoys her work with patients and may encounter a nursing teacher who supports, encourages and perhaps influences a future career decision. She makes new female friends amongst her classmates who are usually her main source of support. She may have one or two male friends but the young nurse is not seriously thinking about marriage. She is a frequent visitor at her parents' home.

Near the end of her basic nursing program, the young nurse is making plans for what she will do when she is finished. These plans involve the identification of an area of nursing practice in which she wishes to work and/or whether she should proceed with further education. Her plans are for the immediate future and are often formulated with one or two of her classmates. Her image of herself as a nurse is that of a staff nurse providing direct patient care.

The primary components of her life are her educational process, her female friends and, to a lesser extent, her family. The decision making process is tentative and relational in that the actions and expectations of others influence her choices. Her female friends are important sources of influence in her decision making. The Age 20 Transition usually ends between ages 21 and 23.

First Life Structure

The First Life Structure begins around the ages of 21 to 23 and will last until the late twenties, between ages 27 and 29. The young nurse is forming her first adult life structure which has elements of both change and stability. She may move away from her hometown, seeking increased independence and exploring new alternatives in terms of lifestyle, work, friends, and religion.

In her early twenties, she assumes her first position as a novice practitioner of nursing where she tests out her knowledge and skills in the real world of nursing practice. She remains at this first nursing position for a year or perhaps two and then will seek a staff nurse position in another area of nursing practice or decide to enroll in some further nursing education. A year or two later, the young nurse will change again. During her twenties she explores a variety of work and educational alternatives. She is searching for a place for herself in nursing that best suits her interests and abilities. Each new nursing position or each new educational experience increases the young woman's view of her career possibilities by eliminating career choices that do not seem to meet her needs and by seeking other opportunities that might. The process of exploring and testing has a tentative quality which facilitates change. The testing out of her skills and the exploring of various alternatives contributes to her sense of herself as a competent and more independent practitioner of nursing. During one of these early work or educational experiences, the young nurse develops an interest in nursing education and she begins to seek, or is offered, a position as a teacher of nursing, usually in a diploma school. She will enroll in an educational program which will enable her to obtain a position as a teacher of nursing or to remain in her current position. During these early years of work and education the young nurse is supported primarily by her female friends and nursing colleagues. During her education experiences she may meet a nursing teacher, usually at a university, who especially inspires and encourages her.

During the First Life Structure the process of testing and exploring is occurring in the other aspects of the young nurse's life as well. She continues questioning parental values and may distance herself from her family to facilitate more independence in decision making. She spends social time with her female friends and may have met a young man she wishes to marry. She may decide to marry in her mid to later twenties and begin to integrate this new relationship into her life. She begins to assess the impact of her decision to marry on her life.

Near the end of the First Life Structure, the nurse is making plans to pursue further education to facilitate her interest in nursing education and/or to increase her knowledge base for her nursing practice.

The major components of the young nurse's life structure are her work and educational experiences, a marriage or an intimate male relationship, and her female friends. The young nurse's family is less central than in the past. The choices the nurse is making are usually provisional in that the decision can be rather easily changed. She pursues her life in a manner fashioned by events, opportunities, and people, but at the same time is becoming somewhat less influenced by these factors.

Age 30 Transition

The Age 30 Transition, a time of significant change in the life of the nurse, usually begins in the late twenties, between the ages of 27 and 29, and is marked by inner feelings of discontent with some aspect of her life. She may feel a need to make a change in her career by seeking a new nursing position, or returning to university, or she may be rethinking a previous decision about motherhood or continuing a male relationship. Often she is acutely aware that some aspect of her life is incomplete; for example, this could be a marriage or a need for religious security. Whatever the source of her inner feelings during the Age 30 Transition she assesses her present situation and begins to initiate actions to create change. The initiation of change in one aspect of her life often results in changes in other aspects as well. At times the need to make new decisions is the result of external events in her life to which she is responding.

As she begins to make changes in her life she may experience some degree of crisis. She may have feelings of loss, or loneliness, and she may be concerned with the possibility of failure in her academic program. She may experience a degree of instability in her life as she tries to sort out the crisis. The crisis is resolved as the nurse initiates action to effect a measure of control over the events in her life.

Part of this assessment process concerns the nurse's commitment to her career and the focus of her career activities. She reflects on what she has been doing in her career and what she might like to do in the future. She identifies a clearer career focus, usually in a university setting. She may be interested in research or in being more expert in her clinical practice. Whatever the focus, she begins to seek the educational prerequisites to obtain this goal and enrolls in an academic program, usually at the master's or doctoral level. Her academic achievements heighten her sense of herself as a more independent and autonomous individual. During her academic program she is supported and encouraged by more experienced nursing colleagues, her female friends and/or a professor in the university she is attending. The priority of her career activities depends on the choices she is making about other aspects of her life. At times her career activities are occurring more as background events as she sorts out more pressing personal matters.

By the end of the Age 30 Transition, the nurse has made choices about what she will be doing in both her personal life and in her career for the coming few years. These decisions usually occur near the end of the Age 30 Transition, around the ages of 32 or 33. The process of making choices is of a different quality than in the past in terms of the woman's desire and ability to make decisions that are less buffeted about by people or events. The increasing sense of control reflects a heightened awareness of herself as an independent adult.

Second Life Structure

Following a period of considerable change and often instability, the nurse is now forming a new life structure. This period begins in the early thirties between the ages of 31 and 33 and lasts until ages 39 or 40. This period of time is much quieter and calmer. During the

Second Life Structure, the nurse is pursuing the choices she made at the end of the Age 30 Transition. These choices usually focus on her career goals and/or family needs. Her life structure becomes increasingly centered on two or three components, usually her career and her children or her family or female friends or a church affiliation.

The nurse has identified a longer term, although generalized career focus during the Age 30 Transition. She now is concerned with the implementation of this plan. Implementation involves seeking further education at the master's and doctoral level and/or seeking employment opportunities which will help her develop and use her knowledge and skills. She is usually employed as a faculty member in a university faculty of nursing. As the Second Life Structure progresses, her career and personal goals become crystalized in her mind. She may experience a need for some adjustment or perhaps redirection of her career activities or a change of her employment setting. This need for adjustment or redirection is often accompanied by feelings of dissatisfaction and a sense of urgency to find the best occupational environment to implement her more specific career goals. She has a growing sense of herself as a professional practitioner of nursing with something special to contribute.

Although the most common source of dissatisfaction is in the career component of her life structure, she may experience some dissatisfaction with other components of her life as well. During her mid to later thirties, the nurse experiences an increasing need for more autonomy and independence, and a growing sense of urgency. She approaches her life in a more serious fashion. She has some unfinished aspects of her life that have to be put in place or set aside. This special time near the end of the Second Life Structure is a time of Unfinished Business. The most prominent feature of Unfinished Business is the nurse's awareness that she has only a limited amount of time available to achieve her career goals, to settle issues concerning intimacy, marriage, and having children, or to seek more balance in her life. During Unfinished Business the nurse's time and energy are devoted to sorting out these issues. At times her career activities will become a secondary activity while she focuses on more personal issues. Although she will be making changes in her life structure, these changes are fewer than in the past and usually serve to adjust rather than rearrange the components of her life structure. The Second Life Structure ends around ages 39 to 40.

Age 40 Transition

The Age 40 Transition begins between the ages of 39 and 40, lasting about five years until age 45 or 46. During the Age 40 Transition, the nurse is concerned with an appraisal of past decisions and making new choices in her life. As the nurse reflects and evaluates past decisions she may experience some degree of stress. The new changes often concern some aspect of her career but could be in her personal life as well. The nurse may try to have a child before biological time has ended or she may have problems with her marriage.

As the Age 40 Transition progresses the nurse initiates changes that will create a new life structure for the coming years. Her life continues to be organized around two or three central components, usually her career and her relationships with children and family and/or female friends. A new component may be added. The nurse often makes changes in response to feelings of dissatisfaction with a central component of her life structure. This dissatisfaction is usually associated with her lack of success in implementing the career goals she has set for herself. She will try to initiate change to facilitate achieving her career goals.

Although she may feel some dissatisfaction she usually is very productive in her career activities. She works long hours, establishing herself as a more senior member of the nursing profession. She is developing a special niche for herself in her work place. She has a clear idea of what she wants for herself in terms of her longer term career future. In her work setting she may begin to foster the development of junior faculty members.

As the Age 40 Transition progresses the nurse begins to initiate some change in her life to increase her personal satisfaction or she may decide not to make a change. In either situation the nurse thinks about the alternatives available to her and then acts upon the decision she has made. She is acting in independent and autonomous ways and has a clear sense of herself in relationship to the world around her.

Third Life Structure

The data concerning the period of time after the Age 40 Transition the Third Life Structure are sketchy. The nurse is involved in a process of forming a new life structure. One of the central components of the new life structure is continued work on her career goals. In a more speculative vein, the career work may be focused on becoming a senior and expert member of the nursing profession and with being recognized by her nursing colleagues as such.

Towards a Theory of Female Adult Development

Although the purpose of this study was to describe the career development of a small population of women with earned doctoral degrees, during the course of the study the researcher formulated some ideas about theory concerning female adult development. Remarkable similarities were found in the processes and tasks of adult development between the women of this study and the theory proposed by Levinson. At the same time differences were clearly evident. This section of the study will attempt to identify some unique features of female adult development.

a) Developmental Periods

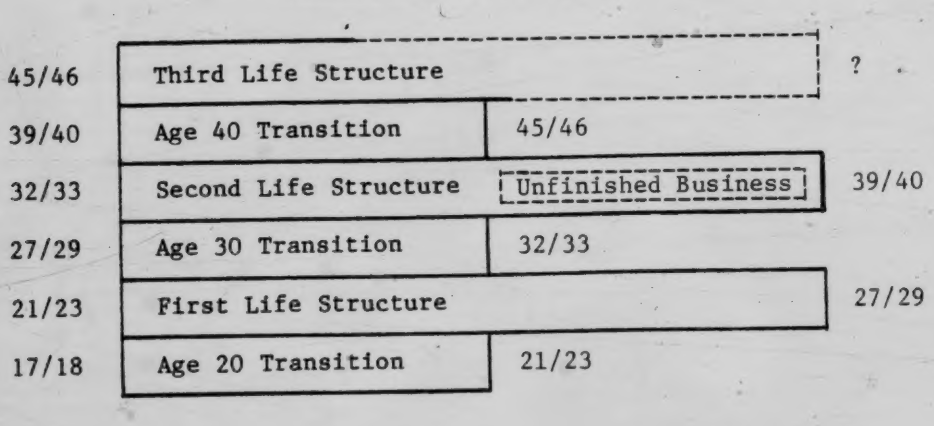
Over the span of adulthood a woman's life structure progresses through qualitatively different developmental periods. These occur as a series of alternating periods of transition and stability in her life structure. Each period has a unique character which reflects the nature of the developmental tasks. The periods are age linked with limited variation in terms of times of onset and termination.

During periods of stability a woman works at implementing choices she has made concerning the central components of her life structure. These periods of stability normally last 6 or 7 years. Near the end of a period of stability the woman experiences discontentment with some aspect of her life structure.

These feelings of discontentment signal the beginning of a transitional period. During a transitional period the woman rearranges or changes the various components of her life structure. A central component could shift to the periphery. A new component might be added or a component might be eliminated from the life structure. This restructuring may occur in a smooth fashion but during the change process the woman may experience varying degrees of stress. The outcome of a transitional period is a new life structure that is qualitatively different from the previous life structure. Transitional periods are usually shorter than periods of stability lasting four to five years.

Table IX outlines the proposed developmental periods of female adulthood.

Table IX
Female Adult Developmental Periods



45/46	Third Life Structure		?
39/40	Age 40 Transition		45/46
32/33	Second Life Structure	Unfinished Business	39/40
27/29	Age 30 Transition		32/33
21/23	First Life Structure		27/29
17/18	Age 20 Transition		21/23

b) Components of the Female Life Structure

The primary components of the woman's life structure are her career activities (including both work and education), female friendships, marriage and/or intimate male relationships, children, family relationships, and religion. Two or three of these components occupy a central place in her life structure, at any point in time receiving the largest share of the woman's time and energy and having a significant impact on the decisions she makes about her life. These components provide evidence about the complexity of a woman's life structure.

As previously described the career component of a woman's life structure is complex and highly individualized. Career work involves a series of external transitions such as changing jobs and testing out knowledge and skills and a series of changing internal values, feelings and expectations. Work on career activities mirrors and facilitates adult growth and development contributing to a woman's sense of self-esteem and her sense of control in her life.

Female friendships are a unique component of the female life structure. Close friendship with a few other females is usually an ongoing aspect of a woman's life. These friends have a critical role in facilitating her psychosocial growth. During late adolescence and the early twenties a woman's female friend serves to ease the separation from her family. In later years these female friends are a source of emotional support and problem solving. The importance of female friendship is seen in the efforts made to carve out special time to spend with these friends.

A third component a woman's life structure may be her children. The relationship a woman has with her children is qualitatively different from her other intimate relationships in terms of the woman's responsibilities for the well being of the children and the potential impact of the children on her life structure.

The establishment, maintenance and in some cases termination of a marriage (or intimate male relationship) is often a central component of a woman's life structure. Although the importance and the meaning of these relationships changed over the course of a woman's life, the relationship often enriches the woman's life providing love, acceptance, and security.

A fifth component is religion. This component involves the establishment of a relationship with "God" and provides a sense of belonging and security to the life structure.

The examination of a woman's life structure reveals a rich variety of unique and developmental purposeful relationships and provides evidence of the complexity of a woman's life.

c) Female Developmental Tasks and Issues

Levinson proposed a set of developmental tasks for each of the develomental periods identified in his theory. This section of the study will outline a similar set of developmental tasks and issues for women. The tasks and issues identified from the data of this study are less global in nature than those of the Levinson's theory and as such may only be relevant to highly educated career women. The tasks and issues are outlined in Table X.

Table X

Comparison of the Developmental Tasks and Issues of the Levinson Theory and This Study

Levinson's Theory	This Study
Early Adult Transition (age 17/18 - 22/23)	Age 20 Transition (age 17/18 - 21/23)
1. Beginning to question and evaluate preadult life structure.	1. Beginning to separate herself from family by questioning parental values and authority.
2. Making and testing out preliminary ideas about self in the adult world.	2. Making an occupational choice and seeking education.
	3. Forming new relationships with both female and males.
Entering the Adult World (age 22/23 - 28/29)	First Life Structure (age 21/23 - 27/29)
1. To explore and generate alternate choices in terms of the major components of the life structure (marriage and occupation).	1. Exploring work and educational alternatives.
2. To create an increasingly life structure by taking on adult responsibilities.	2. Seeking increased independence in decision making.
	3. Maintaining and establishing female relationships.
	4. Forming and terminating male relationships (may include a marriage).
	5. Seeking ways to integrate marriage and career.

Age 30 Transition (age 28/29 - 32/33)	Age 30 Transition (age 27/29 - 32/33)
1. To provide for an opportunity to reappraise past decisions.	1. Questioning past choices concerning components of life structure.
2. To make any necessary changes in the life structure.	2. Reassessing commitment to the career.
	3. Reflecting on biological time passage and desire to have children.
	4. Establishing and maintaining female relationships.
	5. Developing sense of control and responsibility for self.
	6. Reflecting on desire for permanent male relationships.
Settling Down (age 32/33 - 40/41)	Second Life Structure (age 31/33 - 39/40)
1. To settle for a few key choices and to build a life structure around these	1. Focusing on 2 or 3 central components.
2. Establish one's place within society.	2. Developing a sense of future in occupational and personal lives.
3. Advancement in occupational world.	3. Seeking independence and autonomy.
	4. Attending to Unfinished Business.
	5. Developing relationships with and commitment to their children.
	6. Establishing and maintaining intimate male and female relationships.

Implications

For the nurses of this study career development involves a continuous process of change over the course of the early and middle adult years. The other major components of their life structures had the potential to change the intensity of career activities. In addition, the findings of the study reveal a developmental process for females that has similarities and differences from the theory proposed by Levinson. The findings have theoretical, methodological and clinical implications.

a) Theoretical

In terms of the theory of adult development, the findings support the fundamental assumptions of developmental theory. Periods of change and stability occur throughout early and middle adulthood for the women of this study. The study identifies important differences between the timing of certain developmental tasks and different issues for the women of this study and the men of Levinson's study. Nonetheless the career was a central and crucial aspect of the lives of the women. As a central component of their lives the career work reflects and contributes to the women's growth and change as adults. The career was so crucial to the lives of most women in this study, the researcher wonders how women without careers deal with these important developmental issues. The adult developmental process of women who are homemakers requires further study.

The conclusions of the study also support the use of developmental theories to provide a broader and more comprehensive framework for understanding the process of career development. There is a critical need for the development of a theory of adult development for women, that would describe the uniqueness and the complexity of women's lives. The evidence from this study suggests that the process of adult development may be more difficult for women than it is for men.

An important theoretical implication of this study is that the nature and rhythm of adult development for highly educated women may not necessarily be the same as for men. Nor is the nature and rhythm of women necessarily different from that of men. What seems critical is that theory concerning the adult developmental process of women begin with women as the starting point for the research.

b) Methodological

A methodological implication can be drawn regarding the use of the open ended interview. This approach is a powerful but time consuming means of gathering data to study adult and career development. The approach provides opportunity for the researcher to obtain a reasonably comprehensive picture of the individual's life. The complexity, the scope, and the intensity of this research approach requires that researchers have expert interviewing skills and to recognize the limitations of the data.

c) Clinical

The clinical implications of this study for the field of education are numerous. There is much need for fostering the adult development of both women workers and women students in today's educational organizations. The structures of education must take into account the need for growth and change of both men and women. Among the most important would be the recognition that women faculty and women students continually assess and evaluate their career progress and this often results in role changes, redirection and formulating new career goals. Careful career planning would seem to be essential to ensure continued growth and productivity. This is especially important in the middle thirties and early forties when the women of this study experienced increasing needs for independence and autonomy. A new career challenge may be necessary.

Another important implication for the field of education is that women may enroll in educational programs at the same time they are making changes in other aspects of their lives. There is a need for flexibility in academic programming and a need to establish formal career developmental programs for both younger and more experienced staff members.

There may be many implications of this study for nursing. In the early years of a nurse's professional life she will be concerned with exploring a number of different nursing practice roles and settings to find the place best suited to her interests and abilities. Nursing administrators could facilitate this process by providing opportunities for the young nurse to change nursing practice roles or settings in their agencies or perhaps by assisting the young nurse's process of exploration by referring her to a nursing colleague in another agency, perhaps in other cities or provinces. Early in her career the young nurse needs opportunities to learn about the variety of practice and educational opportunities that are available to her and the ways she can gain access to these opportunities.

An interesting finding of the study is that seven of the 10 nurses in this study chose nursing as a compromise. This is particularly noteworthy since the nurses in this study made their decisions to enter nursing in the fifties and early sixties when career alternatives for women were more restricted than is the situation today. One wonders if this finding would apply to young women entering nursing at the present time and what is the impact of this phenomenon on the enrollment in schools of nursing today.

During their late twenties and early thirties nurses may be pursuing university degrees while they are raising young children. Both their educational process and their mothering responsibilities would be facilitated by opportunities for part time study (or part time employment), day care centers and access to professional nursing career counselling services.

Beginning teachers of nursing, both in university schools of nursing and diploma schools, require opportunities to work with experienced nursing colleagues who could assist the young teachers with the development of their expertise and confidence in their skills as well as aiding their transition to a new role.

Later in her career as a university professor, the nurse may experience an increasing need for autonomy and independence. Work assignments are required which enable the nurse to meet these developmental needs for autonomy and independence. The professor will require increasing opportunities to develop and use her knowledge and expertise to facilitate her personal and career growth. This includes the level of student with whom she works, her teaching assignment and her role in the faculty. Faculty members with doctoral degrees require work assignments that encourage and support the continued development and use of their specialized knowledge. Nursing faculty at various stages of adult development have differing needs in terms of support, autonomy, and challenge in their career work.

In a more speculative vein, the researcher wonders about the development of the nurse's commitment to the nursing profession and their identification with the problems and issues in the profession. Although this issue was not addressed in the interview, the researcher suspects that for most subjects a commitment to their profession did not take hold until their early thirties when the nurses made a firmer commitment to their careers in general.

Another interesting, but not surprising, finding is the limited amount of clinical practice the subjects had at the bedside. This bedside nursing experience occurred during the First Life Structure when the nurse was a novice practitioner of nursing. The researcher believes that the slow development of the base of knowledge for nursing practice may be related to the lack of continuing involvement of the teachers of nursing in patient care. Administrators in faculties and schools of nursing need to create linkages between schools of nursing and nursing clinical settings that will facilitate collaboration.

Another important implication concerns the design of nursing education programs. The programs need to be designed in a way to facilitate easy passage from one level of education to the next, thus broadening the young nurse's view of the career alternatives in the field of nursing. The design of nursing educational programs must build in flexibility for nurses to meet their family obligations.

There are clinical implications of this study beyond nursing and education in the fields of psychiatry and psychology. These implications are related to the importance of career work and achievement in the lives of women. Perhaps helping disciplines could encourage and support women in a focus on careers and achievements as a source of mental health and personal well being and less on encouraging women to change or improve their relationships. Work would seem to facilitate independence and personal growth.

Recommendations

A developmental framework is a productive approach to studying women's careers as it allows the career to be placed in the context of the other important aspects of their lives. Although much individual variation occurs during each period in the lives of the women, common career themes and issues are in evidence and the importance of the career in the lives of the women is documented. The study offers some insights into the process of forming a career for highly educated nurses. At the same time, the findings of the study have raised more questions which require investigation. Most importantly the generalizability of the present findings concerning both the adult development of women and the process of forming a career must be determined.

1. The subjects of this study are a unique group of women. Their career achievements stand in sharp contrast to those of both women in general and nurses in particular. Similar studies with different cohorts of nurses and women in different occupational settings would provide evidence about which conclusions are unique to the women in this study and which are common to nurses and women in general.

2. There is a need to study the adult developmental processes of women whose careers are less central to their lives and women who are not employed outside of the home. These studies would enable the researcher to understand the effects of differing work and career circumstances on adult development.

3. Study of the career development processes for women of differing status (for example, women who never married, married women with children, divorced women with children) may reveal important similarities and differences in career development and adult development.

4. There is a critical need to develop theory concerning the adult development of women. Ideally, such research would be of a longitudinal design enabling the researcher to study the major components of a women's life from her late teenage years onward.

5. There is also a need to investigate various aspects of adult development and career development of women. Many of these aspects were previously mentioned and concern the role of friendships and colleagues in the lives and careers of women; the evolution of the decision making process in women's lives; the relationship between work, achievement and satisfaction in the lives of women and nurses;

and the relationship between mothers and daughters and the impact this has on the career development process.

6. In addition, continued research is necessary to understand how professional women accommodate their work and family responsibilities and the impact of these various roles on women and on their families.

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APPENDIX 1

GUIDELINES FOR INTERVIEWING

The primary task of the interview will be to gain an understanding of the evolution of the life structure of the nurse-doctorates during their adult lives. Thus the focus will be on the various decisions they have made about the components of their life-structures and the consequences of those decisions in terms of their career development. This focus will enable the researcher to identify the process of change over time.

For each interview subject, I plan to cover all major areas; however the ordering will vary from individual to individual.

Opening

"Before we begin, do you have any further questions about the purpose of the interview and how you will be involved?

O.k. you're (age) is? Why don't you begin by telling me something about your life at this point?"

Current Life Structure

Subject will give some data regarding current life structure. Get a general idea of her current life status before proceeding: where she lives, with whom, children, husband; how long she has lived there. How she is doing at her job? How does she spend her days? Who are the most important people in her life at this time?

If not enough of a picture develops, ask subject to describe a typical week-day and weekend. Gain a sense of how long things have been going on this way, when the last major change in her current life status was?

When a clear enough picture emerges pick the first theme subject has mentioned and ask, "When was it you first got the idea you wanted to ______________________________?" Find out the first time subject remembers wanting to do this and how subject went about work on __________ over the years. Who was encouraging and who was discouraging? To what extent did subject feel she was like or unlike other girls (women) in wanting to do ______________________? Ask, "Did you know anyone in particular who was like what you wanted to be?"

For each area, assess: (1) the importance placed on this area in the subject's life; how much time and energy does she spend working on that aspect of her life; (2) her current level of satisfaction; (3) how much things have changed over the years; (4) when did things change (at what age); (5) what important "marker events" signified change; (6) expectation of future change; (7) extent of anticipation and/or anxiety concerning expectation of future change; (8) what aspects of the theme does she wish to change; (9) how is she planning these changes.

The Dream

Does subject have a Dream? What is the nature of her Dream? to what extent is it vague, undefined, clear, well-defined, broad or narrow? How has the Dream been changed, modified? How is she working on her Dream at present; who are the major characters connected with her Dream? To what extent is the Dream connected to her daily activities? To what extent does it incorporate familial or career aspects?

Relationship With Spouse

What is the nature of subject's relationship with her husband? How much time do they spend together? What do they do? How do they divide the household work? To what extent is he supportive of her work activities? How do they settle disagreements? To what extent do they compromise? To what extent would she feel lost without him? How dependent is she on him and for what kinds of things? How important is he to her in her life? To what extent does she feel accepted/understood? How has the relationship changed over the years? What aspects of the relationship does she wish to change? How is she planning to work these changes? When (year) did they get married? How old was subject? What other things were going on in her life when she got married? How has marriage affected her career?

Relationship With Children

What is the nature of her relationship with her children? How many children? What are their ages? How does she feel about herself as a mother? How much time does she spend with the children? Doing what? What are the satisfactions/compromises/disappointments? To what extent does she share childcare with her husband? How has the relationship with her children changed over the years? What aspects of the relationship(s) does she wish to change? How is she planning to work on these changes? How old was she when the children were born? What other things were going on in her life when the children were born? How has having children and being a mother affected her career?

Relationship With Parents

What kind of people are subject's mother/father? Extent of current involvement with parents. How often does she see/call/write to them? Who initiates? How important are they to her in her life? How has her relationship with her parents changed over the years? How lost would she feel without them? In your childhood and adolescence were you close to your parents? Can you describe the relationship with each of your parents? Did your mother work outside the home? How did this affect you? What aspects of the relationship(s) does she wish to change? How is she planning to work on these changes? How has your relationship with your parents affected your career development? What aspirations did your parents have for you? How did these aspirations affect you?

Relationship With Other Family Members

Siblings? Grandparents? Others?

What kind of people are subject's brothers? Sisters? Grandparents? Extent of current involvement with them? How often does she see/call/write to them? Who initiates? How important are they to her in her life? How has her relationship with her relatives changed over the years? What kinds of activities does she do with them? What aspects of the relationship does she wish to change? How is she planning to work on these changes? How has her relationship with relatives affected career development?

Relationship With Friends (Male and Female)

Does she have male friends? How does she get along with men? In what kinds of activities is she involved with them? Does she see them at work? Outside of work? Extent of involvement with male friends. How important are they in her life? What aspects of the relationship does she wish to change? How is she planning to work on these changes? How has her relationship with male friends affected her career?

Does she have female friends? How does she get along with other women? In what kinds of activities is she involved with them? Does she see them at work? Outside of work? Extent of involvement with female friends. How important are they in her life. Assess general identification and empathy with other women - like or dislike, comfort, intimacy with women versus men. To what extent does she feel accepted, supported, respected? How has her relationship with female friends affected her career?

Career Development

What is the nature of her work setting? How much time is spent on work activities? What kind of activities is she involved in? How important is her career to her? What aspects of her present job does she most enjoy? What aspects of her job bring her opportunities for growth and advancement? What kind of relationship does she have with her colleagues at work? What kind of a relationship does she have with her boss? What have these relationships contributed to her career?

What is her general level of satisfaction with present position? How long have things at work been like this? What aspects of job (career) does she want to change? How is she planning for this change? How does she divide her time between work? Home? Family?

Nursing Career

How did she come to choose nursing as a career? Trace the evolution of her career (including both education and work experiences) from basic nursing education to post-doctorate job experience.

- basic nursing education
- first job experience(s)
- baccalaureate degree

- second job experience(s)
- master's degree
- third job experience(s)
- doctorate
- fourth job experience(s)

For each set of education or work experiences ask how she came to decide to work on __________ degree or seek ____________ job (or experience); what factors contributed to her decision? What activities was she involved with? How old was she when she decided to go back to school? How did her husband? children? family? Respond to her decision to go back to school? What did she do after she finished her degree? Did she have a particular kind of job she wanted? How did things change after she got her degree? What kind of work experiences did she have? What kind of relationships did she have with her colleagues? What kind of relationship did she have with her bosses? Were the bosses male or female?

Doctorate

When did you decide to obtain a doctorate? What kind of things facilitated the decision to go for a doctorate? What kinds of things hindered the decision? Who helped? Who hindered? What decision had to be made in both your career and personal life? How did you come to choose the program you entered? Ask about experiences in the program. How many years did it take you to finish your degree? Ask about factors that influenced the length of time. How has the doctorate contributed to your career development? In light of subsequent experience do you believe you made a satisfactory choice in obtaining a doctorate?

Career Goals

At this point in your career is there a particular goal(s) which you are working toward? How are you working toward this goal? Where do you want to be in five years time?

Mentors

Have there been mentor(s) in your professional life? At what points in your career? What was their relationship to you? Male mentors, female mentors? How was the person(s) helpful? Do you presently have someone who is a mentor to you? Is there anyone she particularly admires, would like to be like, feels influenced by, either fictional or real-life hero? Are you presently a mentor to someone in the nursing field?

If you seek the help of others where or whom do you usually go for assistance? When you have a problem or question about your job (or a personal concern) how do you go about trying to resolve the problem? Do you seek assistance from others? Do you try to resolve the problem by yourself?

Work With Groups and Organizations

Is she presently involved with any professional, nursing, or other groups? What is the extent of her involvement? How much time is spent on these activities? How important are these activities to her? What aspects does she enjoy the most? How has her involvement changed over the years? What does she plan to do in the future?

Sense of Self

Age: How aware is she of her age? How content is she? To what extent does she experience herself as growing older? How concerned is she with her health? How energetic does she feel? How much food/sleep does she require? To what extent does she experience time as "on her side" or against her? Does her age influence her career decisions?

Social Awareness: How aware (involved) is she in what is going on in the world and in this country? How influenced is she by current social concerns? How do these concerns affect her career decision?

Leisure Activites: What does she do for fun? Extent and nature of time spent in various activities.

Satisfaction With Self: How satisfied is she with her present life? What kinds of things would she like to change? How is she planning to do this?

Development History

Fill in the gaps in subject's developmental history not covered in the discussion. Between the first and second interview, develop a chronology of each subject's life and career development so that the major events for each year are included concentrating on the post-adolescent years.

At the end of the interviews state: I have finished with the topics I wanted to cover. But before we stop are they are important things about your career or personal life in general which you want to add?

DEPARTMENT OF
EDUCATIONAL ADMINISTRATION
FACULTY OF EDUCATION
THE UNIVERSITY OF ALBERTA

APPENDIX 2

Mail replies to:
Faculty of Nursing
3-105 Clinical Sciences Building
University of Alberta
T6G 2G3

Dear

For my doctoral dissertation research in educational administation at The University of Alberta, I am conducting a study of the career development of a selected sample of nurse-doctorates. The research objective is to describe the career development of nurses currently working in Canada who hold earned doctoral degrees using a theoretical framework derived from the study of adult development.

The information required for this study will be collected through personal interviews supplemented by a questionnaire. The task of the interview will be to construct the story of a segment of the indivdiual nurse's life as it has evolved over the period of the adult years. The focus of the interviews will be on the decisions made about various aspects of career development and how career development relates with various aspects of the individual's nurse's life.

The criteria for selecting the indivdiual nurse to be included in the study are:

(1) a female nurse with an earned doctorate
(2) currently employed full time in nursing in Canada
(3) between ages of 35-50
(4) willingness to participate in the study

I am writing to you in the hope that you will consent to participate in my study. I am requesting two interviews with you, probably about two hours in length and ordinarily spaced about a week apart. We can meet whenever it is most convenient and private, at your

7-104, EDUCATION NORTH, EDMONTON, ALBERTA, CANADA T6G 2G5 TELEPHONE (403) 432-5241

office, home, my office, or elsewhere if you wish. I prefer to tape record the interviews so that no information will be lost. The only persons listening to the tape will be myself and my disseration supervisors. Where excerpts from the intervews are used in the written report of my study, all identifying information such as your name, town you live in, place you work, or people you might mention during the interview will be disguised or withheld. Detailed transcripts of the tapes will be made and will be available to you if you are interested. When the study is completed I will be happy to send you a summary of what I have found.

I will call you in a few days to answer any questions and to see whether you would be willing to participate. If you would like to phone me, please call during the day at (403) 432-6245 or in the evening at (403) 432-6255.

If you are willing to participate we can set a date for the first interview when I call you. Before the first interview I will send you a copy of the questionnaire and a consent form to sign.

I believe that your career decisions and experiences will make an important contribution to my study. Thank you for considering my request.

Sincerely,

Jenniece Larsen, R.N., M.Ed.
Doctoral Student
Department of Educational
Administation and Assistant
Professor
Faculty of Nursing
The Uiversity of Alberta

APPENDIX 3

Your name ______________________________

NURSE-DOCTORATE CAREER
AND PERSONAL INFORMATION QUESTIONNAIRE

The purpose of this study is to learn about the process of career development of highly educated women in nursing. The questionnaire will be used to gather specific information concerning your personal, educational and career background.

If possible, please attach a copy of your professional resume when returning the questionnaire.

A. DEMOGRAPHIC INFORMATION

1. Date of birth ______________________________
Month Day Year

2. Place of birth ______________________________
City Country

3. Marital status _____ currently married

_____ divorced or separated

_____ widowed

_____ never married

4. How old were you when you first married (and/or remarried)? ______

5. Number of children (if applicable) _____

Ages of children _____, _____, _____, _____

Comments:

6. Do you have dependents or family responsibilities apart from children? If so, please describe.

B. FAMILY BACKGROUND

1. Number of your siblings _____. Your place in birth order (e.g., 2nd child, 1st daughter) _________ child _________ daughter.
2. What kind of work did your father (or male guardian) do while you lived at home? ____

   ____
3. What kind of work did your mother (or female guardian) do while you lived at home? ____

   ____
4. What level of education did your father/male guardian complete?

   ____

   ____
5. What level of education did your mother/female guardian complete? ____

   ____
6. How would you rate the economic standing of your family during your youth?

   Check one _____ wealthy

   _____ comfortable

   _____ average

   _____ poor
7. How would you describe the community in which you grew up?

   _____ large city

   _____ medium city

   _____ small city

_____ small town

_____ rural

8. What kind of work does your husband do (if applicable)?

____

____

9. What level of education does your husband have (if applicable)?

____

____

Comments:

C. EDUCATION

1. How old were you when you completed high school? __________

2. Did you graduate from: (check one)

_____ a hospital school of nursing

_____ a community college

_____ a basic baccalaureate nursing program

3. How long was your basic nursing program?

____

4. How old were you when you completed your basic nursing program?

____

5. Please list all of your university education:

Degree	Institution Granting Degree	Degree Earned	Year Program Started	Year Program Finished	Major Area Of Study
Doctorate					
Master's					
Baccalaureate					

D. EMPLOYMENT AND PROFESSIONAL EXPERIENCE

1. Please list all full-time or major part-time employment in your nursing career. Work back from most recent employment.

Dates

From ____________ Employer ________________________________

To ____________ Job Title ________________________________

Major Duties ________________________________

From ____________ Employer ________________________________

To ____________ Job Title ________________________________

Major Duties ________________________________

From ____________ Employer ________________________________

To ____________ Job Title ________________________________

Major Duties ________________________________

From ____________ Employer ________________________________

To ____________ Job Title ________________________________

Major Duties ________________________________

From ____________ Employer ________________________________

To ____________ Job Title ________________________________

Major Duties ________________________________

2. Please list the professional and community organizations of which you are presently a member.

Organization	Office Held (if any)

3. Please rank the following career goals in nursing for their importance to you.

How important is it to you to:	very important	of some importance	not important
- Contribute to society or to people's well being			
- Advance economically			
- Develop self to fullest potential			
- Advance in organizational status			
- Exercise leadership			

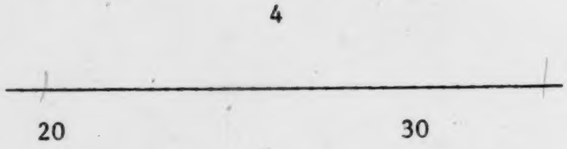
	very important	of some importance	not important
- Achieve national reputation			
- Have colleagues' respect			
- Contribute to knowledge			
- Be free from supervision			
- Have time for family			
- Other factors (please specific)			

4. Let the line below represent your life since you completed high school. Place numbers above the line in serial (chronological) order (1, 2, 3, 4, etc.) to mark major events in your adult life. By this is meant crucial or very meaningful occurences (disappointments as well as successes) that have had an impact on the course of your adult life. Select the most signficant events (approximately 10 - 15) and place a number at the point along the line at which each occurred.

Age 20 30 40 50

5. Next, describe each event briefly on the appropriate line below. For example, above the career line at a point corresponding to age 27 you might have inserted a "4". Write a description of that event alongside number 4.

Example:



4. Received baccalaureate degree in nursing

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

6. Please comment freely on those factors which you believe have helped you be most successful in your career.

7. Please comment freely on those factors which you believe have most hindered your career.

8. Comments:

APPENDIX 4

CONSENT FORM

TO WHOM IT MAY CONCERN:

I understand that the interview which I granted to Jenniece Larsen on ______________________________ and ______________________________ and the questionnaire I completed will be used as data for her doctoral dissertation on the career development of nurses with earned doctoral degrees.

I am aware that the interviews were tape-recorded and have given Jenniece Larsen permission to use direct quotations from the interviews at her discretion. I have been promised that, in agreeing to the interviews, all identifying information such as my name, present job, town of residence, and any such identifying information of persons mentioned by me during the interviews will be disguised or withheld in both the writing of the dissertation and in discussions with Ms. Larsen's faculty advisors. In addition I have been promised that the tapes will be destroyed when the dissertation is completed and that the transcripts will be stored in a locked filing cabinet at the home of the interviewer. I have also been promised that I can if desired review the transcribed copy of the interviews for accuracy. I am also aware that during the data analysis phase of the study, the researcher may seek assistance in analysis and interpretation of the data. Further, I understand that I can withdraw from the study at any time.

____

Name

____

Date

APPENDIX 5

LIFE STRUCTURE CODING SHEET

YEAR	AGE	CAREER EVENTS	Ref.	MARRIAGE AND FAMILY	Ref.	SPECIAL COMMENTS	Ref.

OTHER COMPONENTS		MENTORING		PEER RELATIONSHIPS			SPECIAL COMMENTS	
	Ref.		Ref.	With Men	With Women	Ref.		Ref.